

PERFORMANCE REVIEW RECOMMENDATION

COLLEGE DEAN

(To be submitted on pink paper)

Faculty Name _____ Date _____

-

Department _____ College _____

Recommendations:

(Indicate rating of Inadequate (I), Competent (C), or Superior (S) for each of the areas).

Retention at the rank of _____ Yes ___ No ___

Ratings: Teaching ___ Professional Growth ___ Service ___

Tenure at the rank of _____ Yes ___ No ___

Ratings: Teaching ___ Professional Growth ___ Service ___

Promotion to the rank of _____ Yes ___ No ___

Ratings: Teaching ___ Professional Growth ___ Service ___

REASONS FOR RECOMMENDATIONS

State reasons for each of the above recommendations under the appropriate areas of evaluation. Please include a clear statement of the rating given in each area. (For example, "I rate Professor xxxxxxxx COMPETENT/SUPERIOR/INADEQUATE in the area of Teaching for the purpose of retention/tenure/promotion for the following reasons:).

Retention at the rank of _____

Teaching:

Professional Growth:

Service:

Tenure at the rank of _____

Teaching:

Professional Growth:

Service:

Promotion to the rank of _____

Teaching:

Professional Growth:

Service:

Additional Comments:

Signed: _____