

**PERFORMANCE REVIEW RECOMMENDATION**

**UNIVERSITY EVALUATION COMMITTEE**

*(Yellow)*

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 \_\_\_\_\_

Ratings: Teaching \_\_\_ Professional Growth \_\_\_ Service \_\_\_

Tenure at the rank of \_\_\_\_\_

Ratings: Teaching \_\_\_ Professional Growth \_\_\_ Service \_\_\_

Promotion to the rank of \_\_\_\_\_

Ratings: Teaching \_\_\_ Professional Growth \_\_\_ Service \_\_\_

**REASONS FOR RECOMMENDATIONS**

State reasons for each of the above recommendations under the appropriate areas of evaluation.

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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