

Austin Peay State University

FACULTY PERFORMANCE REVIEW

By Chair/Director/Coordinator

Place an "X" in the space as appropriate. RETENTION REVIEW _____ TENURE REVIEW _____ PROMOTION REVIEW _____
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The department chair shall provide information about the faculty member and evaluate the faculty member's performance in each of the indicated areas. The final Performance Review document should be forwarded to the college dean on the occasion of any personnel action, e.g., retention, tenure, merit salary adjustment, or promotion.

Instructor: _____ Department: _____ Rank: _____ Date: _____

Highest Degree Held: _____ Years Service, APSU: _____

Date of Last Promotion: _____ Years Granted Toward Tenure: _____

~~Other Education or Experience:~~ _____

A. Effectiveness in Academic Assignment (Area 1) (Use attachments as needed)

B. Scholarly and Creative Achievements (Area 2) (Use attachments as needed)

C. Professional Contributions and Activities (Area 3) (Use attachments as needed)

Chairperson's Signature

Date

Chairperson's printed name

I certify that I have read ~~the chair's this evaluation and~~ the chair's this evaluation and faculty performance review form. My signing does not necessarily indicate agreement or disagreement with statements made here.

Faculty Member's Signature

Date

Updated April 2010
Handbook Committee