

Form 4 (As Needed): Academic Administrator Supervisory Evaluation

Name _____ Evaluation Period: _____ to _____

This form will be used for Faculty Evaluation when it is necessary for the academic administrator to share personnel matters regarding the faculty member named above with the dean, provost, and/or president that may impact their progress towards tenure, post-tenure reviews, or progress towards full professor. This form will not be shared with other members of the Evaluation Sitting Committee. This will be kept in the faculty member's HR Personnel File. The academic administrator will immediately notify the faculty member of the use of this form.

Faculty Member Acknowledgement

Date

Academic Supervisor

Date