**Form V: Informal Post-Tenure Review**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Evaluation Period:  \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_**

Upon review of the professional portfolio, other relevant materials, and my professional knowledge, I have the following observations about the faculty member’s performance.   I have provided a copy of this form to the faculty member and placed it in their division/department file.

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| **Teaching**   | Comments:       |
| **Professional Activity & Development**   |  Comments:         |
| **Service**   | Comments:         |

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Faculty Member Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Academic Supervisor Date