**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: |

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

Faculty Member Date

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

Academic Supervisor Date