

**Evaluation and Signature Form for
Faculty Administrators for Calendar Year 20__**

Name _____ Rank _____ Department _____

Type of Appointment _____ Years in Current Status _____ Months _____ Hire Date _____

Dean/Provost and Associate Vice President: *Attach an evaluative statement with specific reference to performance and check appropriate spaces below.*

	Achievement of Goals	Overall
Meets expectations		
Does not meet expectations		
N/A		

Signature Form

Faculty Administrator: (Check items that apply below.)

_____ I have discussed goals for the coming year with the Dean, Provost and Associate Vice President, as attached to this evaluation.

_____ I have read this evaluation and had the chance to discuss it with the Dean, Provost and Associate Vice President.

_____ I have read this evaluation, had the opportunity to discuss it with the Dean, Provost and Associate Vice President and I have ATTACHED A WRITTEN RESPONSE.

Signed _____
Faculty Administrator

Date

Signed _____
Dean

Date

Signed _____
Provost

Date

Signed _____
Associate Vice President

Date

Please provide goals for the current year, progress and achievements towards these goals, and goals for the upcoming year. In addition, you may submit a FAR for additional accomplishments not reflected in your progress and achievements towards your goals.

Faculty Administrators are tenured faculty whose primary responsibility is administration within Academic Affairs. Faculty Administrators have titles such as Dean, Associate Vice President, and Associate Dean.