## PEER EVALUATION OF LECTURER RANK FACULTY

Name	_ Department/Unit
Date	_ Date Employed
satisfactory way, and convey that information to th improvement. In keeping with University policy th professional judgment of instructor and professoria decision making process by completing the following comments. Only the departmental/unit chairperson	at recommendations for improvement devolve from the all rank peers, you are required to participate in the ing evaluation, including the sections calling for will see these individual evaluation forms, but a candidate. Please check the appropriate descriptor for
CONTRIBUTION TO UNIVERSITY MISSION Degree of Emphasis*	
Teaching: □OUTSTANDING □HIGH □GO *( ) Comments:	
Research/Scholarship/Creative Activity: □OUTS7 *( ) □ UNAC Comments: □	CEPTABLE
Service/Advisement: □OUTSTANDING □HIC *( ) □UNACCEPTABLE Comments:	
Based on the above evaluation, indicate your asses	sment by selecting one of the following options:
a) Satisfactory progress, or b)	Unsatisfactory progress/Probation
	or
If this is the 2 <sup>nd</sup> year of a 3-year contract, or a prob	pationary year, choose the appropriate option:
a) Renew 3-year contract, or	b) Do not renew 3-year contract
If this is also a promotion consideration, choose th	e appropriate option:
a) Grant promotion, or b)	Do not grant promotion

<sup>\*</sup>Supplied by the departmental/unit chairperson from the Agreement on Responsibilities for the current year.