

## PEER EVALUATION OF FACULTY FOR PROMOTION CONSIDERATION

Name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Present Rank \_\_\_\_\_

Department/Unit \_\_\_\_\_  
 Date Employed \_\_\_\_\_  
 Date Rank Assigned \_\_\_\_\_

\_\_\_\_\_ is being considered for promotion to the rank of \_\_\_\_\_.

The department/unit must decide what recommendation to make on this matter. In keeping with University policy that recommendation for promotion devolve from the professional judgment of the peers, you are required to participate in the decision making process by completing the following evaluation, including the sections calling for comments. Only the chair of the promotion committee will see these individual evaluation forms, but comments will be summarized and shared with the candidate. Please check the appropriate descriptor for each area of emphasis, making additional comments as appropriate.

## CONTRIBUTION TO UNIVERSITY MISSION

Degree of Emphasis\*

Teaching: ☐OUTSTANDING ☐HIGH ☐GOOD ☐ACCEPTABLE ☐UNACCEPTABLE  
 \*( )

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Advisement: ☐OUTSTANDING ☐HIGH ☐GOOD ☐ACCEPTABLE ☐UNACCEPTABLE  
 \*( )

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Research/Scholarship/Creative Activity: ☐OUTSTANDING ☐HIGH ☐GOOD ☐ACCEPTABLE  
 \*( ) ☐UNACCEPTABLE

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Service/Outreach: ☐OUTSTANDING ☐HIGH ☐GOOD ☐ACCEPTABLE  
 \*( ) ☐UNACCEPTABLE

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Administration: This part is not evaluated by departmental/unit peers.

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Based on the above evaluation, indicate your recommendation by selecting one of the following options:

a) \_\_\_\_\_promote, or b) \_\_\_\_\_do not promote

*\*Supplied by chairperson of the promotion committee from the Agreement on Responsibilities for the current year.*