Form P16

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.

------------------------------------------------------------------------------------------------------------------------------ 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.*