

Annual Faculty Evaluation and Recommendation Form

For the Period: **January 1, 2009- December 31, 2009**

Department: Department

Name:

Rank: Associate Professor

Tenure: Tenure Tenure Granted/Due Date:

RIC DOH: Date of Rank: Present Salary: \$



**REACH
INSPIRE
CONNECT**

Department Chairperson's Evaluation and Recommendation(s) In Accordance with Article VIII of the **Agreement between RIC/AFT and the Rhode Island Board of Governors for Higher Education.**

I have read the Evaluation and Recommendation(s) of my Department Chairperson.

Signature (Faculty)

Signature (Chairperson)

Administrative Acknowledgements

| | | | | | |
|-------------------|---------------|-------------------------|---------------|--------------------|---------------|
| _____ Dean/Dir | _____ Date | _____ Vice President | _____ Date | _____ President | _____ Date |
|-------------------|---------------|-------------------------|---------------|--------------------|---------------|

Recommendation (Each administrator is to initial his/her recommendation)

| | | | | |
|--------------------------------|------------------------------|-----------------|-----------------------|-----------------------|
| Promotion to the Rank of _____ | Dept. Chairperson/Date _____ | Dean/Date _____ | Vice Pres./Date _____ | President /Date _____ |
| Placed on Tenure as of _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |