

ANNUAL REVIEW OF NON-TENURED AAUP-AFT FACULTY
January 1, 2008 - December 31, 2008

NAME: _____

DEPARTMENT: _____

DATE OF WRITTEN REVIEW BY DEPARTMENT
PROMOTION AND TENURE COMMITTEE: _____

DATE OF DISCUSSION WITH THE
FACULTY: _____

NAME OF REVIEWER: _____
(Chairperson's or designee's name)

DATE WRITTEN REVIEW FILED WITH
THE DEAN'S OFFICE: _____

ANY MATERIAL ADDED BY FACULTY MEMBER:

YES _____ NO _____

PROMOTION AND TENURE COMMITTEE WRITTEN REVIEW
(use additional sheets if necessary)

Chairperson/Designee's Signature Date

Faculty Member's Signature Date