

Hofstra University – Faculty Evaluation Form¹

ACADEMIC YEAR, SEPTEMBER 1, to AUGUST 31,

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| Name: |
| Rank: |
| Dept.: |
| School or College: |
| <p>A. Faculty Member’s Report</p> <p>Areas of evaluation (to be used as guides to determining more accurately the particular contribution of each person. Include work performed, work in progress and work projected).</p> <p>1. Teaching and related activities (classroom, academic advisement)</p> |
| <p>2. Professional activity (e.g., research, publications, professional societies)</p> |
| <p>3. Special departmental services (e.g., laboratory developments, laboratory administration, supervision of research by graduate students and honors candidates special instruction required for degree candidates, departmental library representative)</p> |
| <p>4. University community services (e.g., committees, student activities, College for a Day, government and industry grants, summer institutes, liaison work with high schools and high calibre or scholarship students from high schools)</p> |
| <p>5. Community services which enhance Hofstra’s reputation (e.g., speaking engagements, public relations activities)</p> |

¹ Not for use for first year faculty as this is an evaluation of last year's activity.

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| B. Personal Data ² | |
| 1. Date of rank: | |
| 2. Date of first appointment: | |
| 3. Highest degree and date: | |
| 4. Current base salary: | |
| 5. Tenure status: | |
| a. already tenured: | date of tenure: |
| b. not yet tenured: | date of req. tenure: |
| c. date of required notification of non-tenure: | |

² To be filled out by Office of the Dean.

C. Chair's Report

1. Evaluation

2. Prospects for tenure

Signature of Chair: _____ Date: _____

D. I have read the Chair's Report and agree with Chair: _____

I have read the Chair's Report and disagree with Chair: _____

Signature of Faculty Member: _____ Date: _____

1. Faculty member's comments, if any:

2. Chair's response, if any:

E. 1. Three-way review of case held _____ Date: _____
Signature of Faculty Member: _____
Signature of Chair: _____
Signature of Academic Dean: _____

2. Three-way review of case waived _____ Date: _____
Signature of Faculty Member: _____

F. Dean's comments, if any. (In the event of a three-way review the Dean shall include the results of that review.):

G. I have read the Dean's comments.

Signature of Faculty Member: _____ Date: _____

Faculty Member's comments, if any:

Signature of Dean: _____ Date: _____

Signature of Faculty Member: _____ Date: _____

Signature of Provost: _____ Date: _____