Hofstra University -- Faculty Evaluation Form

ACADEMIC YEAR, SEPTEMBER 1, ________ To AUGUST 31, ________

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Rank</td>
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<tr>
<td>Dept.</td>
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<td>School or College</td>
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A. Faculty Member’s Report

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).

1. Teaching and related Activities (classroom, academic advisement)

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1 Not for use for first year faculty as this is an evaluation of last year’s activity.
2. Professional Activity (e.g., research, publications, professional societies, etc.)

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, etc.)
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, etc.)

5. Community Services Which Enhance Hofstra's Reputation (e.g., speaking engagements, public relations activities, etc.)
B. Personal Data

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: ____________________________

C. Chair's Report

1. Evaluation

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2 To be filled out by Office of the Dean.
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: _______________
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:

Signature of Dean:_______________________________________________________Date:__________________
Signature of Faculty Member :__________________________________________Date:__________________
Signature of Provost:______________________________________________________Date:__________________