

## Hofstra University – Faculty Evaluation Form<sup>1</sup>

ACADEMIC YEAR, SEPTEMBER 1,                      to AUGUST 31,

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>

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

<b>B. Personal Data<sup>2</sup></b>	
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:	

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<sup>2</sup> 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.):          
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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: _____

