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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<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)

2. Professional activity (e.g., research, publications, professional societies)

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)

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)

5. Community services which enhance Hofstra’s reputation (e.g., speaking engagements, public relations activities)

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

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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: ______________