

EID: _____

CONFIRMATION OF INTERIM MEETING
(For faculty hired 9/1/15 and after)

Name: _____

Department: _____

Rank: _____ Years in Current Rank: _____
(including this year)

This is written to record that on _____, 20____, the undersigned met with Professor _____ to review his/her performance in the areas of Instruction, Service and Research/Scholarly Creative Activity.

Classroom Observation Evaluation was done on _____

Dept. Head Signature and Date

PC Chair Signature and Date

Cc: Academic Human Resources

Updated: 09/20/23