

PROMOTION / FPSA RECOMMENDATION SUMMARY

Each evaluator (Department Personnel Committee, Department Head, and Dean) must complete his/her portion of this form and must attach a narrative statement which explains why these particular judgments have been made.

- A. DEPARTMENTAL REQUIREMENTS FOR PROMOTION / FPSA (to be completed by the Department Head before he/she gives the application form to the faculty member - **PLEASE list actual evaluation criteria, no check marks**).

- | | | |
|----|-----------------------------|-------|
| 1. | Instruction Effectiveness | _____ |
| 2. | Scholarly/Creative Activity | _____ |
| 3. | Service | _____ |
| 4. | Academic Credentials | _____ |

- | | | | | |
|----|-------------|------------|-----------|-------------|
| B. | EVALUATIONS | <u>DPC</u> | <u>DH</u> | <u>DEAN</u> |
|----|-------------|------------|-----------|-------------|

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|----|------------------------------|-------|-------|-------|
| 1. | Instructional Effectiveness: | | | |
| | Below Average | _____ | _____ | _____ |
| | Average | _____ | _____ | _____ |
| | Distinctly Above Average | _____ | _____ | _____ |
| | Exceptional | _____ | _____ | _____ |
| 2. | Scholarly/Creative Activity: | | | |
| | Below Average | _____ | _____ | _____ |
| | Average | _____ | _____ | _____ |
| | Distinctly Above Average | _____ | _____ | _____ |
| | Exceptional | _____ | _____ | _____ |
| 3. | Service: | | | |
| | Below Average | _____ | _____ | _____ |
| | Average | _____ | _____ | _____ |
| | Distinctly Above Average | _____ | _____ | _____ |
| | Exceptional | _____ | _____ | _____ |
| 4. | Credentials: | Yes | | |
| | | No | _____ | _____ |

- C. RECOMMENDATION (check only one of the choices)

- | | | | | |
|----|-------------------|-------|-------|-------|
| 1. | Promote | _____ | _____ | _____ |
| 2. | Do Not Promote | _____ | _____ | _____ |
| 3. | Award FPSA | _____ | _____ | _____ |
| 4. | Do Not Award FPSA | _____ | _____ | _____ |

DPC Chairperson

Date

Applicant

Date

Department Head

Date

Applicant

Date

Dean

Date