**FULL TIME LECTURER**

**PROMOTION OR SALARY ADJUSTMENT RECOMMENDATION SUMMARY**

**Lecturer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Promotion from: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_** **OR Lecturer III Salary Adjustment \_\_\_\_\_\_\_\_**

Each DH/SD must complete this form and attach a written narrative explaining the evaluation efforts conducted, their individual results and the qualitative basis for the ratings assigned. Written results of the evaluation must be returned to the Employee no later than April 1.

INSTRUCTIONAL EFFECTIVENESS:

DH/SD Provost\*

Annual Activity Reports: Exceeds Expectations: \_\_\_\_ \_\_\_\_

 Meets Expectations: \_\_\_\_ \_\_\_\_

 Does Not Meet Expectations: \_\_\_\_ \_\_\_\_

Student Evaluations: Exceeds Expectations: \_\_\_\_ \_\_\_\_

 Meets Expectations: \_\_\_\_ \_\_\_\_

 Does Not Meet Expectations: \_\_\_\_ \_\_\_\_

Classroom Observations: Exceeds Expectations: \_\_\_\_ \_\_\_\_

 Meets Expectations: \_\_\_\_ \_\_\_\_

 Does Not Meet Expectations: \_\_\_\_ \_\_\_\_

Course Materials: Exceeds Expectations: \_\_\_\_ \_\_\_\_

 Meets Expectations: \_\_\_\_ \_\_\_\_

 Does Not Meet Expectations: \_\_\_\_ \_\_\_\_

Self-Evaluation: Exceeds Expectations: \_\_\_\_ \_\_\_\_

 Meets Expectations: \_\_\_\_ \_\_\_\_

 Does Not Meet Expectations: \_\_\_\_ \_\_\_\_

Extraordinary Achievement (Optional): Exceeds Expectations: \_\_\_\_ \_\_\_\_

 Meets Expectations: \_\_\_\_ \_\_\_\_

 Does Not Meet Expectations: \_\_\_\_ \_\_\_\_

RECOMMENDATION (check only one):

 DH/SD Provost\*

1. Promote \_\_\_\_\_\_ \_\_\_\_\_\_

2. Do not promote \_\_\_\_\_\_ \_\_\_\_\_\_

3. Award Salary Adjustment \_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

DH/SD Date Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Provost\* Date Dean\*\* Date

**\***Provost’s concurrence required only in instances where the academic requirements may be waived for promotion to either Lecturer II or Lecturer III.

\*\*Dean’s signature indicates that materials have been seen.

**Degree Certification (please check one)**:

\_\_\_ MA + 30hrs or ABD (for Lect II) \_\_\_ Terminal Degree (for Lect III) \_\_\_ Degree Req. Waived

Degree and date confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_