

FULL-TIME LECTURER PROMOTION OR SALARY ADJUSTMENT RECOMMENDATION SUMMARY

Lecturer's Name: _____ EID: _____

Promotion from: Lecturer 1 to Lecturer 2 _____ **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 is 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: _____