NORTHERN MICHIGAN UNIVERSITY
FACULTY EVALUATION REPORT

Evaluation Period:

Name: **Department: Mathematics & Computer Science**

II. FACULTY MEMBER STATEMENT

Confirmation of Experience and Status

Confirmation of Relative Weight in Service and Professional Development

Statement Pertaining to Teaching, Service and Professional Development

Teaching Responsibilities

Teaching Effectiveness

Student Evaluations

Colleague Evaluation Information

Advising Responsibilities

Additional Assigned Responsibilities

Professional Development (6.5.1.1 and 8.1.4.1.4)

Plans

III. COMMITTEE STATEMENT

Confirmation of Experience and Status

Confirmation of Relative Weight in Service and Professional Development

Statement Pertaining to Teaching, Service and Professional Development

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Teaching Effectiveness

Student Evaluations

Colleague Evaluation Information

Advising Responsibilities

Additional Assigned Responsibilities

Professional Development (6.5.1.1 and 8.1.4.1.4)

Plans

This committee statement was approved by a unanimous vote on _____.

_____ _____

Departmental Evaluation Committee Chair Signature Date

IV. DEPARTMENT HEAD STATEMENT

_____ _____

Department Head Signature Date

V. FORM FOR FACULTY MEMBER

Faculty evaluations contain four (4) parts that precede this page. The following signatures below do not indicate concurrence or non-concurrence with the substance of the evaluation; they indicate only that the signer has read parts I, II, III, and IV of the evaluation.

If this evaluation does not involve application for promotion and/or tenure, the faculty member and/or the dean may append a statement to this form if they so choose.

_____ _____

Faculty Member's signature Date

_____ _____

Dean's signature Date