

**EVALUATION AND RECOMMENDATION FOR RENEWAL, TENURE,
PROMOTION OR PROFESSIONAL ASSESSMENT**

For each category of evaluation and recommendation, one (1) original signed by the DEC and faculty member evaluated and two (2) copies of the signed original.

I. DATA:

Faculty Member Date _____

Department

Professional Assessment: Years of Service at CCSU

Promotion: Years of Service at CCSU and at other universities

Renewals: Years of Service at CCSU

Tenure: Years at CCSU and credited years granted at initial appointment

Present Rank Years at Present Rank

Requested Rank

Type of recommendation: Renewal Type of Evaluation: Annual (for non-tenured faculty)
 Promotion Professional Assessment
 Tenure (Sexennial for tenured faculty)

Eligibility for Promotion: Appropriate degree and specified years in rank
 10 years in current rank (Article 5.4)
 Substantially comparable credentials and/or experience (Article 5.3.5)

II. EVALUATION INSTRUCTIONS (Article 4.11.9)

The criterion for evaluating and recommending full-time members shall be the quality of activity, including keeping current in one's field, within each of the categories listed below, weighed in the order listed:

1. Load credit activity for which the member receives load credit or the equivalent, e.g. one or more of the following; teaching, coaching, counseling, department chairperson, division director, library service, research, student supervision, or any other function specified in the letter of appointment or subsequent extension or modifications of such appointment, or identified in a letter of agreement.
2. Creative activity appropriate to one's field, such as delivering papers at professional conferences, production/performance of artistic works, research, study, and publication
3. Productive service to the department and university
4. Professional activity; e.g. attendance and participation in conferences and workshops, membership service in appropriate professional organizations and professional activity in the community.
5. Years in rank.
6. Record of any disciplinary action in the member's personnel file at the time of the evaluation.

III. EVALUATION NARRATIVE: COMPLETE FOR ALL EVALUATIONS AND RECOMMENDATIONS. In the Evaluation Narrative, address each of the categories listed in Section II of this form. The fifth category, years in rank, applies only to the promotion recommendation.

See attached

IV. RECOMMENDATION (For Renewal, Tenure and/or Promotion)

Departmental Evaluation Committee: (Please type names and sign at right)

Date

_____	_____
_____	_____
_____	_____
_____	_____

Faculty Member Acknowledges Receipt of this Evaluation:

Within five (5) working days, the faculty member evaluated may append comments which will be attached to this report.

Reviewed by _____
(Name/Title)

Reviewed by _____
(Provost)

