

**Promotion**

**Tenured Faculty**

**Comprehensive Review**

**Faculty Information**

|  |  |
| --- | --- |
| Name: | |
| College: | |
| Department/School/Program: | |
| Current Rank: | Rank Sought: |
| Instructor | Assistant Professor |
| Assistant Professor | Associate Professor |
| Associate Professor | Full Professor |
| Date tenured position at UNC: | |
| Date of last promotion: | |
| Date of last comprehensive review: | |
| Review Period:       to  (year) (year) | |

\*If you are tenured and applying for promotion, you must also complete a post-tenure review. (Criteria for promotion and post-tenure review may differ.)

This faculty member was awarded the following credit toward promotion at the time of hire:

Years of promotion credit:

If awarded credit, attach documentation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Workload percentages for the review period: | | | Service | |
|  | Instruction | Professional Activity | Chair Responsibilities | Non-Chair Responsibilities |
| Percentage: |  |  |  |  |

Evaluation Scale (Round to the nearest 10th)

|  |  |  |
| --- | --- | --- |
| Evaluation Level | Score |  |
| V. | 4.6-5.0 | Excellent |
| IV. | 3.6-4.5 | Exceeds Expectations |
| III. | 2.6-3.5 | Meets Expectations |
| II. | 1.6-2.5 | Needs Improvement |
| I. | 1.0-1.5 | Unsatisfactory |

Please consult BPM: 2-3-901 <http://www.unco.edu/trustees/policy_manual.pdf> and University Regs: 3-3-901 <http://www.unco.edu/trustees/University_Regulations.pdf>

**Part I: Evaluation by Faculty**

Number of tenure/tenure-track faculty assigning a score:

In accordance with approved department/school/program procedures for comprehensive evaluation of the unit’s faculty, the following method was used for scoring:

mean median mode/vote

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | Service | |
|  | Instruction | | Professional Activity | | Chair Responsibilities | Non-Chair Responsibilities |
| **Score** |  | |  | |  |  |
| **Evaluation Level (I, II, III, IV, V)** |  | |  | |  |  |

Based on the scores above and consistent with Board Policy, the faculty recommend promotion.

Yes No

Attach a memo explaining the reasons, in terms of the approved program area criteria, for the scores.

Signature (on behalf of the faculty): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Evaluatee notified of decision by:

Email (Date): \_\_\_\_\_\_ Campus Mail (Date): \_\_\_\_\_\_

(If evaluatee is Chair, Director, or Program Coordinator, after completing Part I, send form and materials to Dean.)

**Part II: Evaluation by Chair, Director, or Program Coordinator**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | Service | |
|  | Instruction | | Professional Activity | | Chair Responsibilities | Non-Chair Responsibilities |
| **Score** |  | |  | |  |  |
| **Evaluation Level (I, II, III, IV, V)** |  | |  | |  |  |

Based on the scores above and consistent with Board Policy, the Chair/Director/Program Coordinator recommends promotion.

Yes No

Attach a memo explaining the reasons, in terms of the approved program area criteria, for the scores.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Evaluatee and faculty notified of decision by:

Email (Date): \_\_\_\_\_\_ Campus Mail (Date): \_\_\_\_\_\_

**Part III: Dean Review**

The Dean reviews the evaluations of the program area faculty and the chair/director/coordinator to verify that the scores assigned, and the reasons given, are consistent with the approved program area criteria and procedures. If the Dean finds that the evaluation is not consistent with approved program area criteria or process, he or she communicates that finding, in writing, with reasons, to the program area faculty, the chair/director/coordinator and the evaluatee. In case of such disagreement, the dean will indicate what scores he/she believes were warranted by the program area’s criteria.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | Service | |
|  | Instruction | | Professional Activity | | Chair Responsibilities | Non-Chair Responsibilities |
| **Score** |  | |  | |  |  |
| **Evaluation Level (I, II, III, IV, V)** |  | |  | |  |  |

Based on the scores above and consistent with Board Policy, the Dean recommends promotion.

Yes No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Evaluatee, faculty, and Chair/Director/ Program Coordinator notified of decision by:

Email (Date): \_\_\_\_\_\_ Campus Mail (Date): \_\_\_\_\_\_

**Part IV: CAO Review**

The CAO reviews the evaluations of the program area faculty, the chair/director/coordinator, along with the dean’s findings and determines whether or not the evaluations are consistent with the approved criteria and procedures. If the CAO disagrees with the scores assigned by the faculty and/or chair/director/coordinator, he or she must determine what scores were warranted by the program area’s criteria.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | Service | |
|  | Instruction | | Professional Activity | | Chair Responsibilities | Non-Chair Responsibilities |
| **Score** |  | |  | |  |  |
| **Evaluation Level (I, II, III, IV, V)** |  | |  | |  |  |

Based on the scores above and consistent with Board Policy, the CAO recommends promotion.

Yes No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Evaluatee, faculty, Chair/Director/ Program Coordinator, and Dean notified of decision by:

Email (Date): \_\_\_\_\_\_ Campus Mail (Date): \_\_\_\_\_\_

**For Provost Office Use:**

President Notification  BOT Notification