

COMPREHENSIVE REVIEW
For Calendar Years _____ through _____

Purpose of Review (check all that apply) Promotion ___; Tenure___; Post Tenure Review___; Personal Request___.

PART I: Evaluatee Information

Name _____

College _____ School/Department _____

Rank _____ Date of Last Promotion _____ Date Tenured at UNC _____

Complete next 2 items if applying for tenure and/or promotion. Date hired at UNC in a tenure track position _____

Prior service credit toward tenure and/or promotion? Yes___ No___ (If yes, attach your first contract agreement.)

Member of the graduate faculty? Yes___ No___ Doctoral research endorsement? Yes___ No___ Date last appointed _____

Graduate program responsibilities? (Check all that apply) Teaching ___ Advising _____ Supervision of research MA _____ Doc ___

PART II: Annual Performance Evaluation

Weighting Factors

	Instruction	Professional Activity	Service
Year _____	_____	_____	_____

Annual Performance Evaluation

(5=Excellent, 4= Exceeds Expectations, 3= Meets Expectations, 2= Needs Improvement, 1=Unsatisfactory)

				Overall Evaluation
Faculty	_____	_____	_____	_____
Director/Chair	_____	_____	_____	_____
Dean	_____	_____	_____	_____
Vice President	_____	_____	_____	_____

PART III: Comprehensive Evaluation

Weighting Factors (Average for Comprehensive Review Period)

Instruction	Professional Activity	Service
_____	_____	_____

Comprehensive Performance Evaluation

				Overall Evaluation
Faculty	_____	_____	_____	_____
Director/Chair	_____	_____	_____	_____
Dean	_____	_____	_____	_____
Vice President	_____	_____	_____	_____

Part IV.: Post Tenure Review Decision

	Satisfactory	Needs Improvement	Unsatisfactory
Faculty	_____	_____	_____
Director/Chair	_____	_____	_____
Dean	_____	_____	_____

ECC (if required) Indicate satisfactory, needs improvement, unsatisfactory.
 SEC _____ Director _____ Dean _____

Vice President's Recommendation _____ Performance plan required? _____

President's Decision _____

Part V: Voting Record for Promotion

	# Faculty Eligible to Vote	# Voting	# For	# Against	# Abstain
Faculty	# Tenure	# Tenure			
	# Tenure Track	# Tenure Track			
Director/Chair					
Dean					

ECC (if required) Indicate Vote (Yes or No)*
 SEC _____ Director _____ Dean _____

Vice President		
President		

Part VI.: Voting Record for Tenure

	# Faculty Eligible to Vote	# Voting	# For	# Against	# Abstain
Faculty	# Tenure	# Tenure			
	# Tenure Track	# Tenure Track			
Director/Chair					
Dean					

ECC (if required) Indicate Vote (Yes or No)*
 SEC _____ Director _____ Dean _____

Vice President		
President		

 SEC Chair Date

 Director/Chair Date

 Dean Date

 Vice President Date

 President Date

Overall Evaluation Scale		
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