



UNIVERSITY OF
**NORTHERN
COLORADO**

**Promotion
Contract-Renewable Faculty
Comprehensive Review**

Faculty Name: _____

Department/School/Program: _____

Faculty Information

Current Rank:	Rank Sought:
<input type="checkbox"/> Lecturer	<input type="checkbox"/> Senior Lecturer
<input type="checkbox"/> Instructor	<input type="checkbox"/> Assistant Professor
<input type="checkbox"/> Assistant Professor	<input type="checkbox"/> Associate Professor
<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Full Professor

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:				

Primary area of responsibility:

☐ Instruction ☐ Professional Activity ☐ Service

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/contract-renewable 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

	Instruction	Professional Activity	Service	
			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.

Dean Review	Instruction	Professional Activity	Service	
			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.

	Instruction	Professional Activity	Service	
			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 ☐