

**REAPPOINTMENT APPRAISAL AND RECOMMENDATION FORM - CONTRACT RENEWAL
FOR CONTRACT FACULTY**

Faculty Member's Information

Name: _____

College: _____ Department: _____

Current rank: _____

Year & Semester Appointed: _____

Leaves of Absence (list semester(s), if applicable): _____

Years in present faculty rank, as of the end of the current academic year:

At USI: ____ Elsewhere: ____ Total: ____

Each evaluator (e.g., Department or Program Chair, review committee, Dean) prepares a memo summarizing the appraisal of the faculty member's progress in the relevant evaluation areas (e.g., teaching, scholarship and professional activity, service) and listed in appropriate College/unit guidelines, including specific achievements, strengths, and weaknesses in the applicable evaluation areas. This form, the accompanying appraisal memos, and supporting materials (as applicable) shall be forwarded to the appropriate administrator.

Evaluation by the College Dean

Recommendation: Reappointment Conditional Reappointment Non-Reappointment

Name and Signature of Dean:

_____ Date _____

Faculty Acknowledgement

I have reviewed the above appraisal and recommendation.

Faculty Member's Signature: _____ Date _____

Evaluation by the Provost

Reappointment Conditional Reappointment Non-Reappointment

_____ Date _____
Mohammed Khayum, Provost