Renewal and Tenure

Record of Student Evaluation [Form 3]

(Completed by Department Chair; form remains in Section I of the file during the probationary period)

Name of Faculty Member:

Department:

College:

Split Appointment: □ no

□ yes (please describe below)

Student Evaluation (place check mark in the appropriate column below)

[The “Record of Student Evaluations” is for all courses taught in both semesters (fall and spring) of the preceding academic year for probationary faculty through their third year and all courses taught in one semester of the preceding calendar year for other probationary faculty.]

<table>
<thead>
<tr>
<th>Year</th>
<th>Does not meet expectations</th>
<th>Meets expectations</th>
<th>Exceeds expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>20__</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6th</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comments (1st year)
(if attached, please make the appropriate notation in the space below):

Signature of Department Chair

Date

☐ copy of department chair’s evaluation sent to faculty member on __________ (date)

☐ counterstatement placed in section I (if provided by faculty member)

Comments (2nd year fall)
(if attached, please make the appropriate notation in the space below):

Signature of Department Chair

Date

☐ copy of department chair’s evaluation sent to faculty member on __________ (date)

☐ counterstatement placed in section I (if provided by faculty member)
Comments (2nd year spring)
(if attached, please make the appropriate notation in the space below):

Signature of Department Chair

Date

☐ copy of department chair’s evaluation sent to faculty member on _________ (date)

☐ counterstatement placed in section I (if provided by faculty member)

Comments (3rd year)
(if attached, please make the appropriate notation in the space below):

Signature of Department Chair

Date

☐ copy of department chair’s evaluation sent to faculty member on _________ (date)

☐ counterstatement placed in section I (if provided by faculty member)
Comments (4th year)
(if attached, please make the appropriate notation in the space below):

Signature of Department Chair                     Date

☐ copy of department chair’s evaluation sent to faculty member on __________ (date)

☐ counterstatement placed in section I (if provided by faculty member)

Comments (5th year)
(if attached, please make the appropriate notation in the space below):

Signature of Department Chair                     Date

☐ copy of department chair’s evaluation sent to faculty member on __________ (date)

☐ counterstatement placed in section I (if provided by faculty member)
Comments (6th year)
(if attached, please make the appropriate notation in the space below):

_________________________________________________________

Signature of Department Chair                  Date

☐ copy of department chair’s evaluation sent to faculty member on _________ (date)

☐ counterstatement placed in section I (if provided by faculty member)