

RF-11E - Improvement of Instruction Peer Review Committee - To Dept. Chair**Date:****To:***Department Chair Name***From:***Academic Administrator's Name & Title***Subject: Improvement of Instruction: Peer Review Committee – Regular Faculty**

Faculty Name is scheduled to be reviewed during the Spring *Year*
semester, a process that should be completed by

Day/Month/Year

- Please select someone* from your discipline or a closely related discipline to serve as a Peer Reviewer on the committee.
 - I appoint _____ to serve as a Peer Reviewer on the committee.
- A second member shall be selected by the Regular faculty member under review
- At least one of the selected members shall be a tenured member of the faculty.
- The _ *Academic Administrator's Title* shall serve as the third member of the Improvement of Instruction Committee.
- The senior faculty member will chair the committee.

Please sign and **return this sheet by***Day, Month, Year**Department Chair Signature**Date*

* Faculty who are undergoing review shall not be required to serve on an Improvement of Instruction committee during his/her semester of evaluation. Faculty members undergoing review may, however, serve on a voluntary basis. ***Please be sure to verify your appointment with the faculty member you select.***

Copy of relevant contract section attached