

For Tenured Faculty - Spring Evaluations

Date:

To:

Regular Faculty Member Name

From:

Academic Administrator's Name & Title

Subject: Improvement of Instruction: Peer Review Committee - **Regular Faculty**

You are scheduled to be reviewed during the _____ semester, a process that should be completed by _____.

- Select an individual* from your discipline or a closely related discipline to serve as a Peer Reviewer on your committee.
 - I appoint _____ to serve as a Peer Reviewer on my committee.
- A second member shall be selected by your Department Chair.
- At least one of the selected members shall be a tenured member of the faculty.
- The _____ shall serve as the third member of your Improvement of Instruction Committee.

Academic Administrator's Title
- The senior faculty member will chair the committee.

Please sign and **return this sheet by** _____, _____ to _____.

Upon receipt of the names, my assistant will notify you via phone or memo of the date and time for the first meeting.

Regular Faculty Member 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