

**COLLEGE OF FINE ARTS
FACULTY PERFORMANCE REPORT**

1. Personal Data:

Name _____ Soc. Sec.No. _____

Rank _____ Department/School _____

Administrative Title (if any) _____

Full-Time

Part-Time

2. Period Covered by this Report: Calendar Years _____

Check One:

Tenured Faculty, Regular Review

Tenured Faculty, Requested Review

Non-Tenured Faculty

New Faculty Member, First Evaluation

3. Distribution of effort agreed upon with the Dean and Chair/Director (% of time):

_____ % Teaching and Advising

_____ % Research/Creative Activity

_____ % University and Public Service

100 % Total

Signature of Chair/Director

Date

4. Optional Statement of Faculty Member in regard to accomplishments with special reference to agreed upon distribution effort. (Please attach)

Signature of Faculty Member

Date

