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**APPRAISAL OF NURSING FACULTY CANDIDATE FOR PROMOTION,**

**OR APPRAISAL OF NONTENURED FACULTY FOR TENURE,**

**OR PROMOTION AND TENURE**

DATE: DUE DATES:

CHAIRPERSON TO DEAN

APPRAISAL #:  DEAN TO VICE PRESIDENT

NAME: «FIRST\_NAME» «LAST\_NAME»

CURRENT RANK: «CUR\_RANK»

YEAR APPOINTED: «HIRE\_DATE»

DEPARTMENT: «DEPT»

EXPERIENCE CREDIT: «YRS\_CREDIT»

PRETENURE PROBATIONARY STATUS: **\_\_\_ OF 6**

Included in this evaluation are:

Page 2: Summary of Department Faculty Committee Evaluation

Page 3: Summary of Department Chairperson Evaluation

Page 4: Summary by College-Wide Faculty Committee as applicable

Page 5: Comments by College Dean

**SUMMARY OF DEPARTMENT FACULTY COMMITTEE EVALUATION**

**Committee Chair**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: Item 1 should be completed by the appropriate **department** **faculty committee**.

1. Summary of faculty committee evaluation.

**RECOMMEND:**

Promotion only \_\_\_\_\_; Promotion denied; \_\_\_\_\_ Tenure only \_\_\_\_\_;

Promotion and Tenure \_\_\_\_\_; Or Nonreappointment\_\_\_\_\_\_\_\_ (following a terminal year)

Number of Committee members recommending\_\_\_; not recommending \_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signature of Department Committee Chairperson**

**SUMMARY OF DEPARTMENT CHAIRPERSON EVALUATION**

**Chairperson:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: The **department chairperson** should evaluate the faculty member to include the following areas:

1. Evaluation of teaching and related academic responsibilities. Include specific evidence if possible.

2. Evaluation of scholarly research or artistic creation. Include information on recent publications, grants, and honors received.

3. Evaluation of service. Include information on special contributions for the benefit of the profession or the University.

4. Further comments. (Use this item only if special duties apply or if other matters should be pointed out for the appraisal of this faculty member.)

5. Summary evaluation by Department Chairperson. (Spell out conditions of reappointment, if any.)

**RECOMMEND:**

Promotion only \_\_\_\_\_; Promotion denied; \_\_\_\_\_ Tenure only \_\_\_\_\_;

Promotion and Tenure \_\_\_\_\_; Or Nonreappointment\_\_\_\_\_\_\_\_ (following a terminal year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**  **Signature of Department Chairperson**

As prescribed by the *ISU Handbook* please sign to show your awareness of the comments on this evaluation.

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**Date «FIRST\_NAME» «LAST\_NAME»**

**SUMMARY EVALUATION BY COLLEGE-WIDE FACULTY COMMITTEE**

**Committee Chair**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: Item 7 should be completed by the appropriate **College-wide** **faculty committee**.

**RECOMMEND:**

Promotion only \_\_\_\_\_; Promotion denied; \_\_\_\_\_ Tenure only \_\_\_\_\_;

Promotion and Tenure \_\_\_\_\_; Or Nonreappointment\_\_\_\_\_\_\_\_ (following a terminal year)

Number of Committee members recommending\_\_\_; not recommending \_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signature of College-Wide Committee Chairperson**

**SUMMARY EVALUATION BY EXECUTIVE DIRECTOR OF NURSING**

**EDON**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: Item 7 should be completed by the Executive Director of Nursing.

**RECOMMEND:**

Promotion only \_\_\_\_\_; Promotion denied; \_\_\_\_\_ Tenure only \_\_\_\_\_;

Promotion and Tenure \_\_\_\_\_; Or Nonreappointment\_\_\_\_\_\_\_\_ (following a terminal year)

Number of Committee members recommending\_\_\_; not recommending \_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signature of Executive Director of Nursing**

**COMMENTS BY COLLEGE DEAN**

**Dean:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMEND:**

Promotion only \_\_\_\_\_; Promotion denied; \_\_\_\_\_ Tenure only \_\_\_\_\_;

Promotion and Tenure \_\_\_\_\_; Or Nonreappointment\_\_\_\_\_\_\_\_ (following a terminal year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signature of Academic Dean**

As prescribed by the *ISU Handbook* please sign to show your awareness of the comments on this evaluation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date «FIRST\_NAME» «LAST\_NAME»**