Six-Year (Post-Tenure) Faculty Review
Period: September 1, 2017 - August 31, 2023
Include copies of the 6 Annual Faculty Reviews for the above period with only the most recent CV.

Last Name　　　　**First Name**　　　　**MI**　　**Degree(s)**　**Rank**

Department:　　　　　　　　　　　　　　　　　　　　**Division:**

ACTIVITY	EVALUATION BY THE DEPARTMENT PEER REVIEW COMMITTEE
Service / Administration Category 1 Category 2 Category 3 Category 4	**Comments** (max 2,000 characters, add attachments for additional space as needed):
Scholarship Category 1 Category 2 Category 3 Category 4	**Comments** (max 2,000 characters, add attachments for additional space as needed):

Category 1-*Exceeds Expectations (What were the expectations and in what ways were they exceeded?)*
Category 2-*Meets Expectations* **Category 3**-*Does Not Meet Expectations* **Category 4**-*Unsatisfactory*

ACTIVITY	EVALUATION BY THE DEPARTMENT PEER REVIEW COMMITTEE
Teaching Category 1 Category 2 Category 3 Category 4	**Comments** (max 2,300 characters, add attachments for additional space as needed):
Clinical Care Category 1 Category 2 Category 3 Category 4	**Comments** (max 2,300 characters, add attachments for additional space as needed):

Category 1-*Exceeds Expectations (What were the expectations and in what ways were they exceeded?)*
Category 2-*Meets Expectations* **Category 3**-*Does Not Meet Expectations* **Category 4**-*Unsatisfactory*

Name:

Evaluation by Department Review Committee

Overall Level of Performance:	Category 1	Category 2	Category 3	Category 4

Comments (max 1,775 characters, add attachments for additional space as needed):

On Behalf of Department Review Committee   **Date**
Print Name:

Evaluation by Department Chair

Overall Level of Performance:	Category 1	Category 2	Category 3	Category 4

Comments (max max 1,775 characters, add attachments for additional space as needed):

Department Chair   **Date**
Print Name:

Category 1-*Exceeds Expectations (What were the expectations and in what ways were they exceeded?)*
Category 2-*Meets Expectations* **Category 3**-*Does Not Meet Expectations* **Category 4**-*Unsatisfactory*

Name:

Evaluation by School Faculty (6-Year) Review Committee

Overall Level of Performance:	Category 1	Category 2	Category 3	Category 4

Comments (max 1,775 characters, add attachments for additional space as needed):

Chair, School Faculty (6-Year) Review Committee   **Date**

Print Name:

Category 1-*Exceeds Expectations (What were the expectations and in what ways were they exceeded?)*
Category 2-*Meets Expectations* **Category 3**-*Does Not Meet Expectations* **Category 4**-*Unsatisfactory*

School FAPT Committee   **Dean**

Comments (max 950 characters):	**Comments** (max 950 characters):

Chair, FAPT Committee   **Date**   **Dean, Medical School**   **Date**

Print Name: **Print Name:**