Evaluator’s Worksheet: **Candidates holding Dual Appointments**
Source: *Faculty Handbook*, Article IV, Section 1(c).

Candidate’s Name: ___________________________

Candidate’s Program(s)/Departments(s): Program/Department Division

_________________________ ____________

_________________________ ____________

**Evaluators:**

1. Chairs of each division: __________________________

   __________________________

2. Chairs of each program/department: __________________________

   __________________________

3. At the time of appointment, the Chair(s) of the relevant divisions, in consultation with the appropriate department and/or program Chairs and the candidate recommend(s) to the Dean of Faculty, the following four senior-ranking colleagues.

   *Note: Two colleagues are drawn from each of the departments and/or programs in which the candidate serves. These colleagues shall serve as permanent evaluators from the time of appointment through subsequent reappointment and promotion decisions.*

   Program/Department: ______________________________________

   a. __________________________

   b. __________________________

   Program/Department: ______________________________________

   a. __________________________

   b. __________________________

Approved: ____________________

Dean of Faculty    Date
4. The candidate wishes to include an additional one or two uniquely qualified senior-ranking colleagues in this evaluation (check one):

a. Second-Year Evaluation  Yes ___  No ___
b. Fourth-Year evaluation  Yes ___  No ___
c. Tenure Evaluation  Yes ___  No ___
d. Promotion Evaluation  Yes ___  No ___

The Chair(s) of the relevant division in consultation with the appropriate department and/or program Chairs and the candidate have selected the following one or two uniquely qualified senior-ranking colleague(s) who is/are familiar with the candidate’s teaching and scholarship to serve as evaluators for the above-named candidate.

*Note: These evaluators are identified for a particular evaluation and serve for this evaluation only.*

Second-Year Evaluation:  

a. ____________________________

b. ____________________________

Reappointment:  

a. ____________________________

b. ____________________________

Tenure:  

a. ____________________________

b. ____________________________

Promotion:  

a. ____________________________

b. ____________________________

Signatures of completion:

Candidate: ____________________________

Division Chair(s): ____________________________

____________________________

Department/Program Chair(s): ____________________________

____________________________

Date: ________________________________