

Annual Merit Evaluation Form for Full-Time Faculty

Faculty Member: _____

Academic Rank/Department: _____

The categories below reflect the faculty member's accomplishments during the evaluation period: June 1, 20__ through May 31, 20__.

Evaluation Category	Below Departmental Standards	Meets Departmental Standards
Leadership (Department Chairpersons only)	☐	☐
Teaching and Advising	☐	☐
Research, Scholarship, and Creative Activities (if applicable)	☐	☐
Service to Department, College, University, and Community (as applicable)	☐	☐

Note: To receive a merit recommendation, all ratings must be marked as Meets Departmental Standards.

Merit Recommendation

☐ Merit ☐ No Merit

Evaluator (Printed Name): _____

Signature: _____ Date: _____

Evaluator Remarks