



PERIODIC EVALUATION & MODIFIED PERFORMANCE REVIEW COVER PAGE FOR PROBATIONARY FACULTY

Date of File Submission to
Department Personnel Committee: _____

Candidate Name: _____

Department: _____

Current Rank: _____

Initial Appointment date: _____

Please indicate service credit years received:

0 0.5 1 1.5 2

Please indicate your **current** probationary year:

1 2 3 4 5 6
