

Faculty Member's Status) Tenure Review FullTimePermanent FullTimeTemporary Parttime

(Be specific list specific remedial needs or activities, dates for completion to ensure that goals are attained in the time limit specified.)

Actions to be performed by Evaluator (ITRC or Administrator as applicable)
 (Be specific on how the evaluator will facilitate each remediation activity) listed above

_____	_____	_____
Faculty Member Name	Signature	Date

_____	_____	_____
Supervising Administrator Evaluator Name	Signature	Date

_____	_____	_____
IVC/CCA/CTA/NBA Representative Name	Signature	Date

Area VP Name