



FACULTY ANNUAL REVIEW

Name: _____ LSU ID: _____

Department: _____ Rank: _____

Period of Evaluation: _____

Campus Percent Splits: LSU A&M: _____ Other Campus *[Identify Campus]*: _____

Evaluation of **TEACHING**:

Evaluation of **RESEARCH**:

Evaluation of **SERVICE**:

Summary:

Overall *[check one]*: Satisfactory

Unsatisfactory *[as defined in Section II of PS-109]*

Graduate Faculty Status *[check one]*:

Continued Appt. to GF

Conditional Appt. to GF*

Change/Removal of GF

No GF

Employee Signature**: _____ Date: _____

Department Head Signature: _____ Date: _____

Dean Signature: _____ Date: _____

*C.V. is a required attachment when routing to the Dean.

**My signature denotes that, I am aware of the contents of my file and have had the opportunity to bring it up-to-date and to provide my annual report. I have read and understand the Chair's evaluation and I have exercised, or else waived, my rights to discuss the evaluation with the Chair and/or with the Chair of each secondary department in which I am employed. I understand that I have the right to attach a formal evaluation, a formal letter of response or rebuttal, with the materials in support thereof, or to send such letter and materials at a later date to the chair and to the Dean, who will forward them to HRM.