

2024-2025 Post-Tenure Review Chair Assessment

Faculty Name:

Chair/Director Name:

Review Period: Fall 2019-Spring 2024

Directions: On a separate page, provide a brief written assessment of the level of achievement for the faculty identified above over their last five complete academic years within the context of their assigned duties. Information such as teaching load, administrative assignments (e.g., other assigned duties) and any other information that will help contextualize the faculty performance relative to their assigned duties should be included. If applicable, include any concerns regarding professional conduct, academic responsibilities, and performance during the period under review.

I have reviewed the materials submitted by the faculty named above and any relevant records as defined by UCF policy 4-410. I certify that my written assessment of this faculty includes the level of achievement and if applicable, any concerns regarding professional conduct, academic responsibilities, and performance during the period under review.

Note: The chair is not responsible for assigning a performance rating, so please do not indicate one in your letter.

Signed:

Date: