Person Evaluated: _____

Rank/Title: _____

Department: _____

# CUMULATIVE PROGRESS EVALUATION (CPE)

Academic Year 2025-26

The cumulative progress evaluation provides an evaluation of progress towards tenure and/or promotion. Article 10.6 of the UCF/BOT-UFF Collective Bargaining Agreement and UCF Regulation 3.010 Faculty Evaluation and Improvement guides this process.

## Person Evaluated _____

Rank/Title _____

Department _____

Year in Current Rank _____

Tenure Clock Year (Include Tenure Credit) _____

CPE Conducted for: ☐ Tenure ☐ Promotion to _____

## PART I – Committee's Evaluation

Narrative of Evaluation (required – additional pages may be added)

### Teaching

Person Evaluated: _____

Rank/Title: _____

Department: _____

## Research

## Service

Person Evaluated: _____

Rank/Title: _____

Department: _____

## Other Duties as Assigned

**Summary of Progress Evaluation (check appropriate status):**

☐ Above Expectation ☐ At Expectation ☐ Below Expectation

_____

Committee Chair's Signature

Person Evaluated: _____

Rank/Title: _____

Department: _____

# PART II – Department Chair/Unit Head Evaluation

Narrative of Evaluation (required – additional pages may be added)

## Teaching

Person Evaluated: _____

Rank/Title: _____

Department: _____

## Research

## Service

## Other Duties as Assigned

Person Evaluated: _____

Rank/Title: _____

Department: _____

**Primary Unit Head Summary of Progress Evaluation (check appropriate status):**

☐ Above Expectation ☐ At Expectation ☐ Below Expectation

_____

Department Chair/School Director Signature

**Joint/Secondary Unit Summary of Progress Evaluation (check appropriate status): Area Evaluated:**

☐ Teaching ☐ Research

☐ Above Expectation ☐ At Expectation ☐ Below Expectation

_____

Joint Chair/Director or FCI Lead Signature

**Joint/Secondary Unit Summary of Progress Evaluation (check appropriate status): Area Evaluated:**

☐ Teaching ☐ Research

☐ Above Expectation ☐ At Expectation ☐ Below Expectation

_____

Joint Chair/Director or FCI Lead Signature

Person Evaluated: _____

Rank/Title: _____

Department: _____

# PART III – College Dean's Evaluation

Narrative of Evaluation (required – additional pages may be added)

**Summary of Progress Evaluation (check appropriate status):**

☐ Above Expectation ☐ At Expectation ☐ Below Expectation

_____

Dean's Signature

**Acknowledgement of receipt of appraisal. Comments must be submitted within 10 days of receipt.**

_____

Faculty Signature