



## Annual Evaluation Standard and Procedures Review Request

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Establishment

Review

Re-review

Select all that apply:

- Tenure/Tenure Earning
- Instructor/Lecturer
- Full-time Non-tenure-earning, Research, and Clinical Assistant/Associate Professor
- Instructional Designer
- Librarian
- Other \_\_\_\_\_

College/Unit \_\_\_\_\_

Department/Unit \_\_\_\_\_

Faculty Vote to Approve - For \_\_\_\_\_ Against \_\_\_\_\_ Date approved \_\_\_\_\_

Unit/Chair/Director Print Name \_\_\_\_\_

Unit/Chair/Director Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

Dean/Unit Head Print Name \_\_\_\_\_

Dean/Unit Head Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

Please send request form with attached revised AESP (electronically in Word format) to [facultyexcellence@ucf.edu](mailto:facultyexcellence@ucf.edu).