

## **Annual Evaluation Standard and Procedures Review Request**

	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				Date

Please send this request form with attached revised AESP (in Word format) to <a href="mailto:facultyexcellence@ucf.edu">facultyexcellence@ucf.edu</a>.