

Faculty Member's Name: _____
Evaluation Year: _____

Evaluation Report for Annual Performance for Faculty Not on Tenure Track: Signatures

**Recommendation for Reappointment
2025-2026**

College Action

The Dean's recommendation is:

- ☐ **Reappointment if funding is available and based on need**
- ☐ **Change to Senior Lecturer, Senior Clinical, ASL Specialist II, or ASL Specialist I**
- ☐ **Non-Reappointment**

Comments:

Dean

Date