

Faculty Member's Name: _____
Evaluation Year: _____

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

**Recommendation for Reappointment
2025-2026**

Provost

The Provost'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:

Provost

Date