



**II. Service**

**a.** Please list other departmental service assignments for this review period:

**b.** Reviewers Comments on Service

**III. Professional Productivity**

**a.** Please list professional productivity activities during this review period:

**b.** Reviewer's Comments on professional productivity:

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**Signature of Reviewer**

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**Date**

**DEO in consultation with the Dean's office, choose one option below:**

Based on the facts presented in the dossier and this review and my own independent assessment, I recommend \_\_\_\_\_ for an additional \_\_\_\_\_-year term (up to 3 for FN15, 5 for FN12/FN11) pending Dean approval.

Based on the facts presented in the dossier and this review and my own independent assessment, I do not recommend \_\_\_\_\_ for a contract renewal. The upcoming \_\_\_\_\_ (AY or semester) will be the terminal appointment period. Your termination date will be \_\_\_\_\_ pending Dean approval.

**Instructional Faculty's Response to the review:**

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**Instructional Faculty Signature**

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**Date**