

FORM C1 FACULTY ONE-YEAR EXTENSION REVIEW & RECOMMENDATION	
Name:	
Department:	
Rank:	Tenure-Track Start Date:
Current Appointment:	Start Date: Requested New End Date: End Date:
Current Mandatory Year:	Requested Mandatory Year:

Evaluation of Performance (Summarize here or attach summary). This evaluation should be shared with the faculty member being reviewed).

Is it recommended that 2024-2025 be the terminal year of service? Yes No

Evaluated by: (Digital Signature)	Position
	Department Chair/College Dean (colleges without departments)

I acknowledge receipt of my performance review by my digital signature below. This acknowledgement does not imply agreement with the evaluation. _____	<input type="checkbox"/> Elected not to acknowledge receipt of performance review. The evaluation will still form a part of the permanent record.
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Approved	Not Approved	Signature	Position
			College Dean
			Provost
			President