

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 2021-2022 be the terminal year of service? Yes ☐ No ☐

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

I acknowledge receipt of my performance review by my 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	Date
			College Dean	
			Provost	
			President	