**Faculty Annual Review**

****

**2024-2025**

|  |  |
| --- | --- |
| Date: | *Date* |

**SCHOOL INFORMATION**

|  |  |
| --- | --- |
| School: | *Enter text here* |
| Department: | *Enter text here* |
| Associate Dean / Chairperson / Program Director | *Enter text here* |
| Dean: | *Enter text here* |

**FACULTY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Last Name* | *First Name* | *MI* |
| Address: | *Address* |
| Telephone:  | *Cell* | *Business* | *Home* |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: | *Date* | Rank at Appointment: | *Rank* |

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| --- | --- | --- | --- |
| Dates of Promotion:  | *Date* | Rank at Appointment: | *Rank* |
| *Date* | Rank at Appointment: | *Rank* |
| *Date* | Rank at Appointment: | *Rank* |

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| Date of Last Review: | *Date* |

**PART I: To be filled out by faculty** *(from the date of last review)*

**CLASS ASSIGNMENTS**

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| **FALL 2024** |
| Course Number | Course Name | # of Credits | # of Students |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |

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| **SPRING 2025** |
| Course Number | Course Name | # of Credits | # of Students |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |

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| **SUMMER 2024** |
| Course Number | Course Name | # of Credits | # of Students |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |

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| **INTERSESSION 2025** |
| Course Number | Course Name | # of Credits | # of Students |
| *Course #* | *Course Name* | # | # |
| *Course #* | *Course Name* | # | # |

**SPECIAL ASSIGNMENTS**

|  |
| --- |
| **COURSELOAD REDUCTION/OVERLOAD FOR ADMINISTRATIVE WORK** |
| Administrative Title | Responsibility | # of Credits |
| *Title* | *Enter text here* | # |
| *Title* | *Enter text here* | # |
| *Title* | *Enter text here* | # |

**ATTENDANCE**

|  |  |
| --- | --- |
| Mandatory Meetings / Events | Attended |
| Regular and Punctual Class Attendance | YES [ ]  NO [ ]  |
| Attendance at Academic School Meetings | YES [ ]  NO [ ]  |
| Attendance at Class Night | YES [ ]  NO [ ]  |
| Attendance at Commencement | YES [ ]  NO [ ]  |

**ACADEMIC PROCEDURES**

|  |  |
| --- | --- |
| Timely Submission of Course Outlines | YES [ ]  NO [ ]  |
| Timely Submission of Grades | YES [ ]  NO [ ]  |

**WORK COMPLETED / IN PROGRESS** *(from the date of last review)*

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| **RESEARCH, SCHOLARSHIP, CREATIVE ACTIVITIES & GRANTS**  |
| **Instructions: Complete the Qualtrics link below, print out your confirmation email with recorded responses (email will come from the Office of Research, Scholarship and Graduate Studies) and submit it with this form.****Please note: You must complete the questionnaire on the same computer using the same browser to save responses and resume working on it at a later date.****QUALTRICS LINK**: [https://molloy.qualtrics.com/jfe/form/SV\_eb45fampby6koGG](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmolloy.qualtrics.com%2Fjfe%2Fform%2FSV_eb45fampby6koGG&data=05%7C02%7Cyrooney%40molloy.edu%7C8cadb0b7107d41cf5ebf08dd6e26c2a4%7Cca79296d783f4900961eab1c73ca868e%7C0%7C0%7C638787834943788026%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=%2BymPP2k4Gu0ZbG8yDPc3gJqcFU007Nv2P5xQWsno368%3D&reserved=0) |

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| **OTHER SIGNIFICANT PROJECTS** |
| *Enter text here* |

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| **WORKSHOPS ATTENDED** |
| *Enter text here* |

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| **SERVICE/CONTRIBUTIONS TO MOLLOY: University committee memberships, leadership positions, recruitment efforts (including Open House and Accepted Students Day), participation in student activities, etc.** |
| *Enter text here* |

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| **SERVICE/CONTRIBUTIONS TO DEPARTMENT/SCHOOL:** |
| *Enter text here* |

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| **SERVICE/CONTRIBUTIONS TO COMMUNITY** |
| *Enter text here* |

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| **SERVICE/CONTRIBUTIONS TO PROFESSION: Include professional memberships.** |
| *Enter text here* |

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| **AWARDS** |
| *Enter text here* |

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| **OTHER** |
| *Enter text here* |

**PART II: To be filled out by Associate Dean, Chairperson or Program Director** *(from the date of last review)*

**TEACHING EFFECTIVENESS**

|  |  |
| --- | --- |
| Date of Student Classroom Evaluation | *Date* |
| Class Observed *(Course # and Name)* | *Course # and Name* |
| Observer Name and Title | *Date* |

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| **SUMMARY EVALUATION- Knowledge of subject matter, presentation of material, classroom dynamic and style** |
| *Enter text here* |

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| **RECOMMENDATIONS** |
| *Enter text here* |

**ADVISEMENT**

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| --- |
| **NUMBER OF ADVISEES** |
| Fall 2024 Semester | # |
| Spring 2025 Semester | # |

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| **COMMENTS** |
| *Enter text here* |

**PART III: Professional Development Plan Tenured** *(if applicable)*

To be filled out by the faculty member and reviewed by Associate Dean/Chairperson/Program Director and Dean.

***Commencing Spring 2014,* faculty members at the *Time of Annual Review* will present a project for special focus to be reviewed annually.**

Consistent with the principles of academic freedom and in recognition of the individual faculty member’s expertise, the selection, implementation, and management of the project will be the responsibility of the faculty member. The Dean, Associate Dean, Chairperson or Program Director may offer guidance as appropriate. Faculty will give due consideration to the guidance offered.

Please note that research and scholarship are required for promotion for all full-time faculty. Faculty teaching graduate or doctoral courses will present projects that are scholarship/research-related or the professional equivalent to their academic field. Faculty teaching undergraduate courses are encouraged to present research-related projects but may substitute other academic projects related to their field.

Please note that faculty members may submit proposals to the Faculty Scholarship and Academic Advancement Committee for institutional support for project related expenses. Faculty members who have been given a reduction in teaching workload to assume administrative responsibilities will be addressed on an individual basis. Faculty members will comment on the progress or modifications of the project as part of the annual review process in subsequent years.

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| **Title and Description of Project** |
| *Enter text here* |

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| **Project Discussion** |
| *Enter text here* |

**EVALUATION SUMMARY**

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| --- |
| **NAME OF ASSOCIATE DEAN, CHAIRPERSON or PROGRAM DIRECTOR:** |
| *Name* |
| **COMMENTS:** |
| *Enter text here* |
| **SIGNATURE OF ASSOCIATE DEAN, CHAIRPERSON or PROGRAM DIRECTOR:** | **DATE:** |
| *Signature* | Date |

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| **NAME OF FACULTY:** |
| *Name* |
| **COMMENTS:** |
| *Enter text here* |
| **SIGNATURE OF FACULTY:** | **DATE:** |
| *Signature* | Date |

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| **NAME OF DEAN:** |
| *Name* |
| **COMMENTS** *(if applicable)*: |
| *Enter text here* |
| **SIGNATURE OF DEAN:** | **DATE:** |
| *Signature* | Date |