

ANNUAL REVIEW

Annual Statement on Progress Toward Promotion

(To be completed by the Dean or Department Head prior to the end of each academic year, normally at the time of annual review for each employee eligible for promotion consideration).

Review Period: July 1, _____ to June 30, _____

Name _____ Current Rank _____

College _____ Employee ID _____

Department [If applicable] _____

Have standards and criteria for promotion changed since appointment? Y/N

Effective date of applicable standards: Department _____
 College _____
 University _____

For Colleges Other Than Arts and Science

This statement confirms that you are being assessed under the following category (in addition to the other required categories): (check one)

- Research, scholarly work, artistic work
- Practice of professional skills (including the scholarly component)

As required by Article 16.5.1 of the Collective Agreement, I am informing you that my assessment of your progress toward meeting the standards for promotion is as follows:

1. Academic Credentials

- Completed? Y/N
- Further information (if no):

2. Teaching Ability and Performance

- Progress made:

- Recommendations for meeting the standards

3. Knowledge of Discipline and Area of Specialization

- Progress made:

- Recommendations for meeting the standards

4. Research, Scholarly, or Artistic Work [If applicable]

- Progress made:

- Recommendations for meeting the standards

5. Practice of Professional Skills[If applicable]

- Progress made:

- Recommendations for meeting the standards

6. Contributions to Administrative Responsibilities

- Progress made:

- Recommendations for meeting the standards

7. Public Service and Contributions to Academic and Professional Bodies

- Progress made:

- Recommendations for meeting the standards

Date_____Signed (Dean/Head)_____

I acknowledge that I received the above statement and that I have had an opportunity to discuss it with my Dean/Department Head.

Comments:

(To be completed by the Faculty Member. (Optional))

Date _____ Signed (Faculty Member) _____

This signature shall not be deemed to be an acceptance by the employee of any matter of fact or opinion set out in this form.

Distribution of copies: Faculty Member, Dean's and Department Office (as appropriate), Office of the Provost & Vice-President Academic.