

Annual Review Form for Merit Raises - Completed By Faculty Member

Name: _____ Department: _____

Rank: _____

Please list and describe significant accomplishments since the last annual review in these dimensions of responsibility.

Student Development

Professional Development

Community Development

Please include any other information or areas of concern relevant to this process.

Signature: _____ Date: _____

Send copies to your Department Chair and Area Chair. Send updated CV to your Area Chair.