

ABRIDGED REVIEW

Administrative Form

Year

Name _____ WSU ID _____

Current Rank _____

Tenured Career-Track -- Subtrack _____

Academic Annual 10-Month

Full-Time (100% FTE) Part-Time (_____ % FTE)

Campus _____ Degree _____ Degree Year _____

Date of Appointment within Current Track _____ Cost Center¹ _____

Year of Tenure Consideration _____ Program¹ _____

¹Please list the Workday worktags associated with the portion of the faculty member's salary paid with core funds.

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Overall Rating:

- Meritorious (comments required)
- Satisfactory or better (comments are not required)
- Less than satisfactory (comments required)

Workload Category	Percent Effort ^a	Rating for current calendar year
Teaching		
Scholarship		
Service		
Extension		
Librarianship		
Clinical Practice		
Administration ^b		
Other ^c		

^aTotal percent effort should equal 100% regardless of FTE

^bReserved for titled positions at or above the level of chair, or for titles that serve more than one unit as defined by the dean

^cReserved for scholarly subtrack, including educational leadership, academic service, student advising, and practice

Comments. Additional comments may be added as an attachment.

(Below comments should focus on areas to be addressed for improvement to become satisfactory)

The reviewed faculty member _____ teach at least one WSU Global course during the review period.

As Department Chair/School Director, my signature indicates that I have invited the candidate to meet to discuss this review. My signature also confirms that I have consulted with the campus director when preparing this report, as applicable.

Department Chair/School Director's Signature

Date

Department Chair/School Director's Name

As the reviewed candidate, my signature indicates that I have received a copy of this review. I understand that I may have a response permanently attached to this review.

Employee's Signature

Date

Administrator Signatures: The review must be sent to the dean and, when applicable, the campus Chancellor/VCAA. If the reviewed faculty member teaches at least one Global Campus course, the report must also be reviewed by the WSU Global VCAA. Administrators may attach additional feedback; if the dean, chancellor, or VCAA(s) provide narrative feedback, it must be forwarded to the faculty for an additional review before finalization.

Dean's Signature

Date

Dean's Name

Campus Chancellor/VCAA's Signature

Date

Campus Chancellor/VCAA's Name

WSU Global Chancellor/VCAA Signature

Date

WSU Global Chancellor/VCAA's Name