

**COMPREHENSIVE REVIEW –  
Administrative Form**

YEAR \_\_\_\_\_

NAME \_\_\_\_\_ WSU ID# \_\_\_\_\_

ACADEMIC \_\_\_\_ ANNUAL \_\_\_\_ 10 MONTH \_\_\_\_

DEGREE \_\_\_\_\_ DEGREE YEAR \_\_\_\_\_

TITLE \_\_\_\_\_

COST CENTER \_\_\_\_\_ PROGRAM \_\_\_\_\_ % SERVICE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DATE OF APPOINTMENT TO WSU \_\_\_\_\_ YEAR OF TENURE CONSIDERATION \_\_\_\_\_

**Rating**

- Especially meritorious performance (EMP)
- Strong performance beyond satisfactory (SP)
- Satisfactory (S)
- Some improvement needed (SIN)
- Substantial improvement needed (SUB)

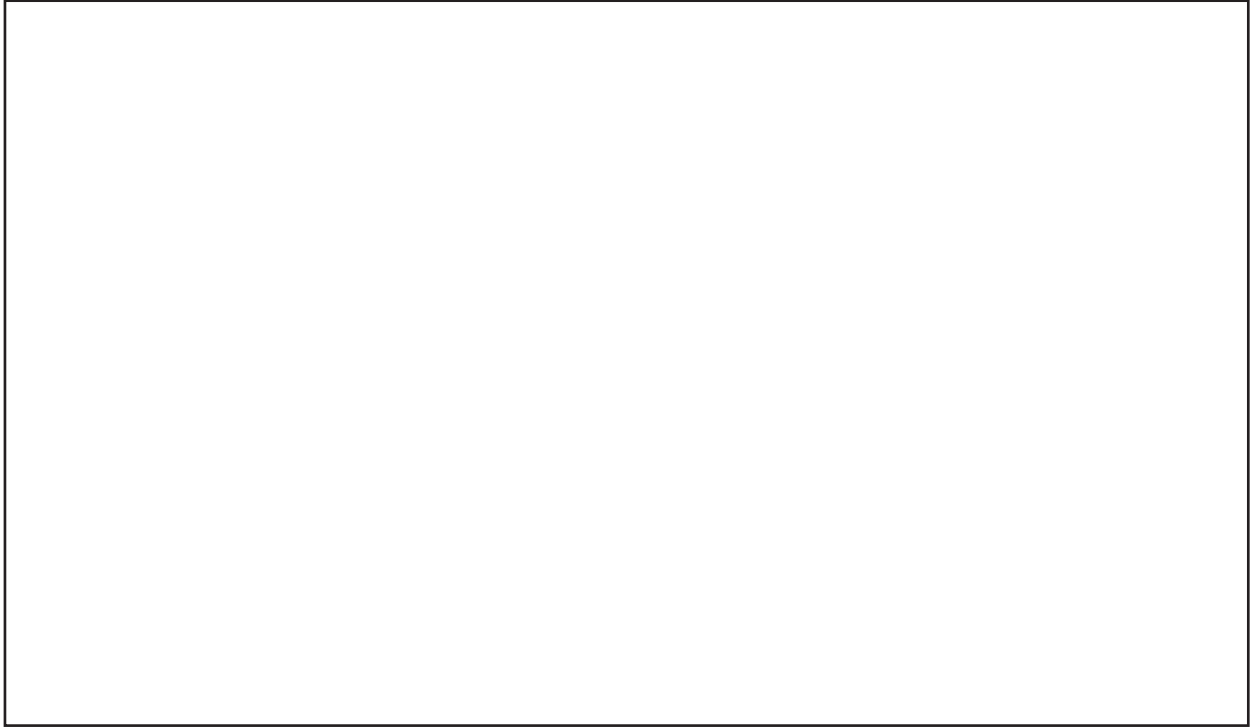
**Table below should only be completed for pre-tenure/tenure track faculty**

Please insert a yearly rating on teaching, research/scholarship/creative activities and service/outreach on the table below. Please use the above ratings.

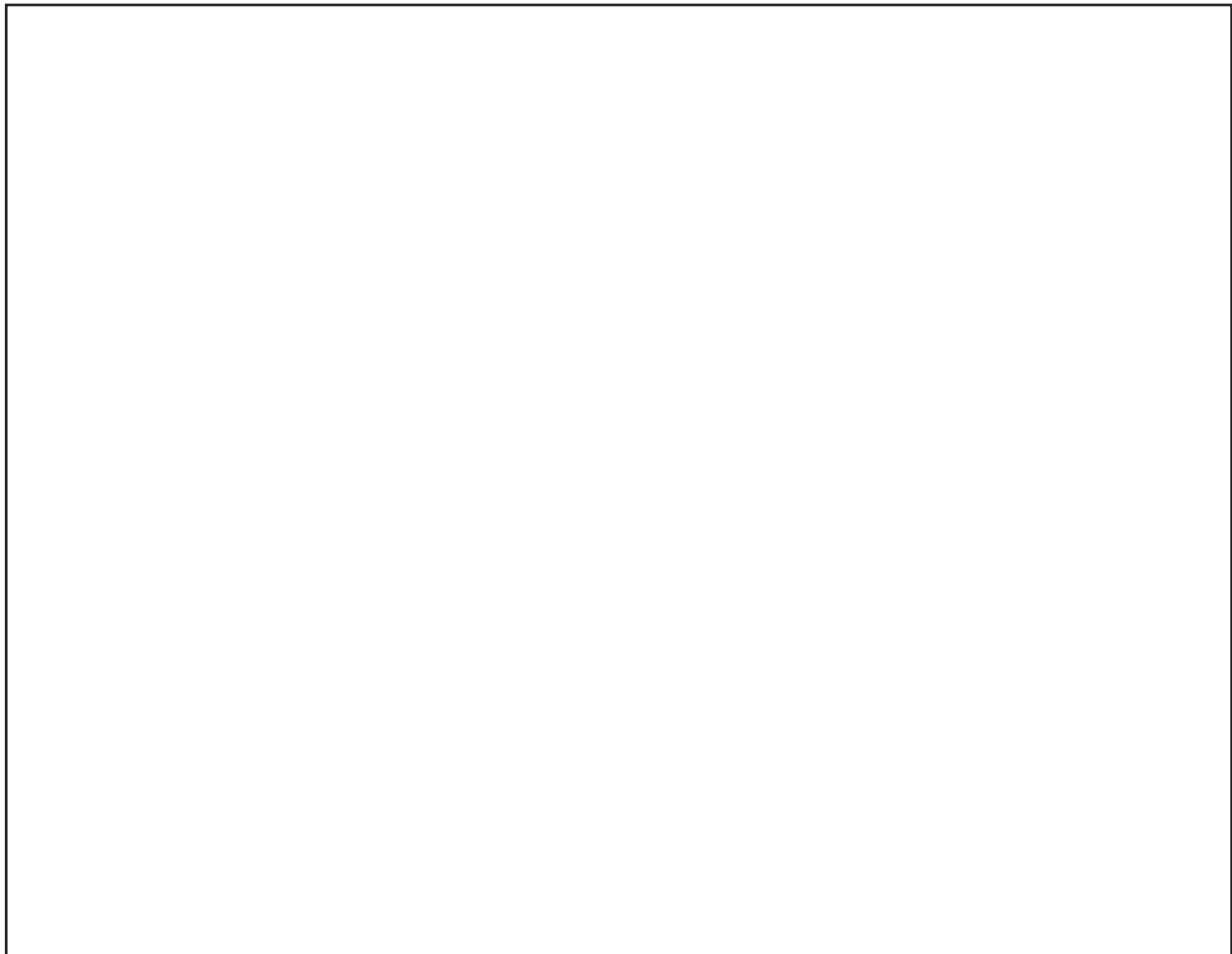
YEAR	TEACHING	RESEARCH/SCHOLARSHIP/ CREATIVE ACTIVITIES	SERVICE/ OUTREACH
1			
2			
3			
4			
5			

**IF APPLICABLE, LIST WORK BELOW COMPLETED BEFORE JOINING WSU ONLY IF CREDIT HAS BEEN GIVEN FOR THIS WORK IN THE LETTER OF HIRE.**

**EVALUATION WEIGHTS ASSIGNED TO THE DUTIES OF TEACHING,  
RESEARCH/SCHOLARSHIP/CREATIVE ACTIVITIES AND SERVICE/OUTREACH**

A large, empty rectangular box with a thin black border, intended for the user to enter evaluation weights for the categories listed in the header above.

**PROGRESS ON TEACHING AT WSU**

A large, empty rectangular box with a thin black border, intended for the user to describe their progress on teaching at WSU.

**PROGRESS ON RESEARCH/SCHOLARSHIP/CREATIVE ACTIVITIES AT WSU**

A large, empty rectangular box with a thin black border, intended for the user to provide details about their research, scholarship, or creative activities at WSU.

**PROGRESS ON SERVICE/OUTREACH AT WSU**

A large, empty rectangular box with a thin black border, intended for the user to provide details about their service or outreach activities at WSU.

**OTHER COMMENTS**

## **SUMMARY**

**As Department Chair, my signature indicates that this statement reflects my understanding of the collective views of the appropriate faculty of the department (as defined by the *Faculty Manual*) pertaining to the comprehensive review of this candidate, that these respective members had the opportunity to review this statement before it was shared with the candidate, and that I have met with the candidate to discuss this review.**

**DEPARTMENT CHAIR'S SIGNATURE**

**DATE**

**DEPARTMENT CHAIR'S NAME (TYPED)**

**As the reviewed candidate, my signature indicates that I have received a copy of this review and have met with the Department Chair to discuss the review. I understand that I may have a response permanently attached to this review.**

**EMPLOYEE'S SIGNATURE**

**DATE**

**DEAN'S SIGNATURE\***

***\*The Dean's signature indicates only that the Dean has reviewed this form. It does not necessarily indicate agreement with the conclusions.***

**DATE**

**CHANCELLOR'S SIGNATURE\***

**DATE**