HAMILTON COLLEGE

ANNUAL REVIEW OF VISITING FACULTY MEMBER

Due to the Dean of Faculty by April 1 Calendar Year: \_\_\_\_\_\_

| **Name of faculty member:**  |  |
| --- | --- |
| **Department:** |  |
| **Date of hire:** |  |
| **Date of first reappointment (if applicable):**  |  |
| **Date of meeting between faculty member and chairperson: (No later than March 1)** |  |

Department Chair: Please give evaluation below.

# Teaching:

1. **Scholarship/Creative Activity (if applicable):**
2. **Service (if applicable):**
3. **Role in the Department:**

Chair Date

*Voting members for reappointment should also sign this review to indicate that they have seen it and have been consulted about its contents. The Dean will not accept reviews that are not signed by all voting members*

I have read this evaluation and received a copy.

Faculty Member Date

*Instructions: Please send this form, including any addendum if applicable, to Linda Michels (lmichels@hamilton.edu). Department chairs and program directors will discuss the reviews for all faculty housed in their department/program with the Dean as part of the salary setting process -- even in circumstances where a faculty member is reviewed by an ad hoc committee.*

**Faculty member’s comments can be added as an** **addendum if applicable**

Rev: 1/24