

Postdoctoral Scholar Annual Review - Progress Assessment (UCI-AP-PX3)

Name:

Appointment/Review Period:

Dept/Unit/School:

Review Due Date:

PI/Supervisor:

SECTION I: FACE-TO-FACE REVIEW (Completed by PI/Supervisor)

1. Progress to date. Were expectations met?

2. What are the postdoctoral scholar's strengths?

3. In what areas does the postdoctoral scholar need to improve?

4. What is the postdoctoral scholar's potential for a research career in the discipline?

Overall Rating:

☐ Excellent

☐ Satisfactory

☐ Unsatisfactory

Comments:

SECTION II: POSTDOCTORAL SCHOLAR'S RESPONSE OR COMMENTS (Completed by Postdoctoral Scholar)

SECTION III: REAPPOINTMENT (Completed by PI/Supervisor)

*If appointment will continue, please complete this section*

Training, research activities, and expectations for next year:

SIGNATURES 

Postdoctoral Scholar

Date

PI/Supervisor Signature

Date