

## PERIODIC REVIEW FORM FOR ACADEMIC STAFF

### COVER PAGE

FACULTY MEMBER INFORMATION		
Name of Faculty Member:		
Faculty:		
Current Academic Rank:	Date Received:	
Date of Employment:		
Date of this Review:		
Review Period:	From:	To:
Date of the Previous Periodic Review:	Assessment:	

ASSESSMENT	
<b>DEAN'S ASSESSMENT:</b>	<b>ACADEMIC REVIEW COMMITTEE'S ASSESSMENT (FINAL):</b>
Successful .....	Outstanding .....
Satisfactory .....	Successful .....
Probation .....	Satisfactory .....
Termination .....	Probation .....
	Termination .....
<b>Date of next Review (To be determined by the Dean):</b>	

Attached:

**PART - A**

I – ACTIVITIES

II - SELF-ASSESSMENT OF THE FACULTY MEMBER

III – SUGGESTED REFEREES (optional)

**PART - B**

I - DEAN'S ASSESSMENT

III – FACULTY MEMBER'S COMMENTS

**PART - C**

ACADEMIC REVIEW COMMITTEE ASSESSMENT

**PART - D**

DEVELOPMENT ACTION PLAN / SUPPORT NEEDED

## **PART – A (To be completed by the Faculty Member)**

The following is intended as a guideline. The faculty Member will omit or add items as appropriate.

### **I - ACTIVITIES**

#### **1. Teaching**

1. Courses Taught
2. Project Courses
3. Laboratories
4. Others
5. Comments

#### **2. Research**

1. Publications
    - a) Articles in Scientific Journals
    - b) Books/Monographs
    - c) Chapters in Books
    - d) Conference Publications-Proceedings
    - e) Volumes Edited-Special Issues
    - f) Book Reviews
    - g) Inclusions in Books, Encyclopedias & Catalogues
    - h) Conferences, Seminars, Workshops and Symposiums
  6. Projects / Creative Work / Exhibitions
  7. Patents
  8. Awards, Honors and Fellowships
  9. Thesis Supervision
  10. Others
  11. Comments
- #### **3. Citizenship**
12. Student Focused Activities
  13. Committee Memberships
  14. Editorial Board Memberships
  15. Reviewing Activities
  16. Service in Professional Organizations
  17. Organizing Seminars, Conferences, Workshops, Symposiums and Exhibitions
  18. Others
  19. Comments

**Appendix: Updated CV and Photocopy of maximum 2 articles**

### **II – SELF-ASSESSMENT**

### **III - SUGGESTED REFEREES (optional to suggest, if suggested minimum 3 referees)**

**PART – B**

**I - DEAN'S ASSESSMENT**

TEACHING:

RESEARCH:

CITIZENSHIP:

STRENGTHS	DEVELOPMENT AREAS

OVERALL RATING OF THE DEAN:

Successful ..... Satisfactory ..... Probation ..... Termination .....

Name: .....

Signature:.....

Date:.....

**A COPY OF THIS FORM SHOULD BE SUPPLIED TO THE FACULTY MEMBER.**

## II – FACULTY MEMBER’S COMMENTS

Name: .....

Signature:.....

Date:.....

**PART – C**

**ACADEMIC REVIEW COMMITTEE ASSESSMENT**

OVERALL RATING (FINAL RATING):

Outstanding ..... Successful ..... Satisfactory ..... Probation ..... Termination .....

	<u>Names of the Participants</u>	<u>Signature</u>
President:	.....	.....
Deans:	.....	.....
	.....	.....
	.....	.....
Faculty Members:	.....	.....
	.....	.....

Date:.....

**PART – D** (To be completed by the Faculty Member and the Dean together)

**DEVELOPMENT ACTION PLAN / SUPPORT NEEDED**

(Includes objectives, timeline and support needed)

**A COPY OF THIS FORM SHOULD BE SUPPLIED TO THE FACULTY MEMBER.**

**PART – D (For the use of the Committee)**

**SALARY INCREASE REVIEW COMMITTEE**

Comments:

Salary Before Review:..... TL

Salary Increase Amount:..... TL ( %..... of the Salary Range A.... B... C... D... E...)

Salary After Review:..... TL

	<u>Names of the Participants</u>	<u>Signature</u>
President:	.....	.....
Deans:	.....	.....
	.....	.....
	.....	.....
GS:	.....	.....
HR Director:	.....	.....
Date:.....		