

# 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

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

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:

<b>STRENGTHS</b>	<b>DEVELOPMENT AREAS</b>

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 .....

#### **Names of the Participants**

#### **Signature**

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

Names of the Participants

Signature

President: ..... .

Deans: ..... .

..... .

..... .

GS: ..... .

HR Director: ..... .

Date:.....