

**Faculty Summary Report and Confirmation**

**Fiscal Year: \_\_\_\_\_\_\_\_**

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|  | **Faculty Name:** |  |  | **Campus:** |  |  |
|  |  |  |  |  |  |  |
|  | **Department:** |  |  | **FTE:** |  |  |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To the best of my knowledge, the faculty member is compliant with TTUHSC policies, procedures and work rules.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Yes** |  |  | **No** |  |  |  |  |  | |

**The Faculty Evaluation Guidelines and Procedures require the following:**

1. **Faculty prepared his/her yearly self-report.**
2. **The Chair reviewed the self-report with the faculty member.**

The space below will be used to summarize the previous year’s accomplishes/improvements and to note goals/plans for the upcoming year.

The undersigned have met and agree that the Faculty Evaluation Guidelines have been followed:

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Faculty Signature Chair/Regional Chair Signature Date

***This form should be sent to the Office of Faculty Affairs & Development and a copy retained by the Campus Department Chair and the faculty member.***

Please submit digitally to [jolene.turpin@ttuhsc.edu](mailto:jolene.turpin@ttuhsc.edu) in the Office of Faculty Affairs and Development.

* Faculty Summary Report and Confirmation (pdf)
* Faculty Evaluation Self-Report (Word document)
* Updated CV (pdf)