

MIAMI DADE COLLEGE
FACULTY PERFORMANCE REVIEW COVER PAGE
FOR FACULTY IN FIRST YEAR OF CONTINUING CONTRACT
(Article 7, Sections 2-3)

Faculty Member's Name: _____ Date: _____

Department: _____ Campus: _____

Current Rank: _____ Years in Rank: _____

Time Period of this Review: From _____ To _____

Immediate Supervisor's Name: _____ Title: _____

Continuing Contract Awarded on _____

A performance review for this review period was completed in January of this year. Attached are the goals for the next review period that have been discussed and mutually agreed to by the faculty and the immediate supervisor.

Signatures:

Faculty Member _____ Date _____
Addendum Attached: Yes _____ No _____

Immediate Supervisor _____ Date _____
Comments Attached: Yes _____ No _____

Faculty Dean _____ Date _____
Comments Attached: Yes _____ No _____

Campus President _____ Date _____
Comments Attached: Yes _____ No _____

