

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 _____

School Director/Director _____ Date _____
Comments Attached: Yes _____ No _____

Dean _____ Date _____
Comments Attached: Yes _____ No _____

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

Sep-2010

