AUGUSTA UNIVERSITY

Summary of Annual Evaluations

Name: _____ Department: _____

Please enter your annual evaluation ratings for each category for each year of the promotion and/or tenure evaluation. **Please use only as many rows as needed for the evaluation period.**

	Fiscal / Academic Year	Teaching	Research / Scholarship	Clinical	Service	Administration	Overall
Sample:	2020-2021	ME	EE	ME	ME	EE	ME
	<Select Year>						
	<Select Year>						
	<Select Year>						
	<Select Year>						
	<Select Year>						
	<Select Year>						
	<Select Year>						
	<Select Year>						
	<Select Year>						
	<Select Year>						

Additional Notes for Clarification (if needed):

Scoring key:

EE=Exceeds Expectations ME=Meets Expectations

IME=Inconsistently Meets Expectations NII=Needs Immediate Improvement