NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY

PROBATIONARY FACULTY APPRAISAL FORM

NAME___________________________________
Date original probationary appointment became effective _____________ Years credited for probationary service at the time of appointment____________

DEPARTMENT________________________ Years of service (include current year)_________

Faculty Evaluation Committee Appraisal and Recommendation:  (Note candidate’s strengths and weaknesses as reflected by the various evaluation instruments and other evidence for performance in the areas of teaching, scholarly/creativity, professional/Institute service.) This report should be made available to and discussed with the reviewee by the committee chair.

____________________________________
Committee Chair

____________________________________
Date discussed with Reviewee

____________________________________
Committee Members must all initial form.

Attach additional page(s) if necessary.

Department Chair Appraisal and Recommendation:
(Note as shown above.)

<table>
<thead>
<tr>
<th>Continue appointment</th>
<th>Terminate appointment</th>
<th>Begin Tenure</th>
<th>Promote to (rank)</th>
<th>Resignation Letter Attached</th>
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____________________________________
Chair of Department

____________________________________
Date
Vice President, R&ED Appraisal and Recommendation:

______________________________
VP, Research & Economic Dev.

______________________________
Date

Dean of Graduate Studies Appraisal and Recommendation:

______________________________
Dean of Graduate Studies

______________________________
Date

Academic Affairs Appraisal and Recommendation:

______________________________
Vice President, Academic Affairs

______________________________
Date

President’s Appraisal and Recommendation:

______________________________
President

______________________________
Date