

FDA Sabbatical Evaluation Form for Chairs

Instructions: Please print or type in the following form. Comment length is limited to this page. Forward a copy to Faculty Senate Benefits Committee c/o Grace Hiles hilesq1@nku.edu

Faculty applicant name: _____

Evaluations are based on criteria as defined in the Faculty Handbook **11. FACULTY DEVELOPMENT PROGRAMS** sections 11.1 through 11.4.

This individual qualifies to receive the proposed sabbatical (tenured/tenure track, after twelve (12) semesters of employment at the University, excluding summer terms, have elapsed since last sabbatical).

Yes _____ No _____

Indicate your assessment of the following items from very low to very high:

	Very low	Low	Neutral	High	Very high
Overall quality of proposal					
Ability of applicant to carry out project					
Overall value of project					
Value to the department					
Value to student learning					
Value to the field of study					

General Comments:

Specific comments on categorical rankings including any category ranked neutral, low, or very low:

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Name (typed or signed) Date

Department: _____