

**UNIVERSITY OF CENTRAL OKLAHOMA
COLLEGE OF EDUCATION AND PROFESSIONAL STUDIES
FACULTY REVIEW PLAN
20____ to 20_____**

Name _____ Department _____

- I. Assessment of previous annual or tri-annual goals.
 - A. Attach a self-assessment of previous goals.
 - B. Chair's response to self-assessment.

- II. The projected goals presented in Category III are:

- Annual Goals
- Tri-Annual Goals

- III. Describe your projected professional commitment goals in the areas of Teaching, Scholarly/Creative Productivity, Community and Professional Service, Administrative (refer to the tenure and promotion criteria in the College of Education and Professional Studies document as you complete your goals). The electronic version of this form will allow you to use as much space as is necessary.

Teaching Goals:

Scholarly/Creative Productivity Goals:

Community and Professional Service Goals:

Administrative Goals (if applicable):

Faculty Signature _____ Date _____

Department Chair Signature _____ Date _____

Dean Signature _____ Date _____