

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 hilesg1@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:

Name (typed or signed)

Date

Department: _____