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*](mailto: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: