

## FDA Sabbatical Evaluation Form for Deans

**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](mailto: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.

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 college					
Value to student learning					

General comments:

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

\_\_\_\_\_  
Name (typed or signed) \_\_\_\_\_  
Date

College: \_\_\_\_\_