

Academic Year: _____

Semester: _____

☐ Fall

☐ Spring

Regular and Associate Faculty Evaluations
Rejection of Assigned Department Peer
(Optional)

See instructions below for submission.
This option is available to both Regular and Adjunct faculty.

Evaluee (Print) _____ Department: _____

I am requesting an alternate Department Peer from the Rotation List in place of the Department Peer assigned as part of my Evaluation Team. I understand that I have only this one opportunity to request an alternate department peer.

Evaluee Signature: _____ Date: _____

Instructions to Evaluee:

This request must be submitted to your Department Chair, with a copy to your Supervising Administrator, no later than the third week of the semester. Failure to submit the request within the timeline will exclude you from this option.

To be sure you meet the deadline, send an email request to your Department Chair and send the original **signed** form to your Department Chair.

If the evaluee rejects the first department peer selected from the rotation list, the department chair selects the next available peer from the rotation list and informs the evaluee. The evaluee has no further right to reject a peer.