

Academic Year:

Semester:

☐ Fall

☐ Spring

Regular Faculty Evaluation
Request for Non-Department Peer
(Optional)

*Request for a non-department peer must be made
by the end of Week 3 of the Fall semester.
See instructions below for submission.*

Only regular faculty members (not in tenure review) may make this request. Associate faculty members are not eligible for a non-department peer.

Evaluee (Print) _____ Department: _____

I am requesting a Non-Department Peer in place of my Department Peer as part of my Evaluation Team.

Evaluee Signature: _____ Date: _____

Instructions to Evaluee:

An email request sent to the Department Chair by the end of **week three** of the Fall semester is sufficient, followed by a signed copy of the Non-Department Peer request form. Failure to submit the request within the timeline will exclude you from this option.