

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 evaluation  
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.