

University of Tennessee at Chattanooga
Division of Academic Affairs
Administrative/Professional Review

Name: _____ Title: _____

School/College/Unit: Academic Affairs

For the Period January 1, 20 to December 31, 20

I. SUMMARY OF DUTIES/RESPONSIBILITIES

	<u>Spring</u>	<u>Summer</u>	<u>Fall</u>
Administrative	____ %	____ %	____ %
Professional	____ %	____ %	____ %
Instructional	____ %	____ %	____ %
Other	____ %	____ %	____ %

A. ADMINISTRATIVE ACCOMPLISHMENTS/ACTIVITIES

B. PROFESSIONAL ACCOMPLISHMENTS/ACTIVITIES

C. OTHER ACCOMPLISHMENTS/ACTIVITIES

II. GOALS/PLANS FOR THE FUTURE

III. COMMENTS BY REVIEWING ADMINISTRATOR

Date _____ Signature _____

IV. COMMENTS BY ADMINISTRATOR BEING REVIEWED

Date _____ Signature _____