Name of Faculty Member under review: 

Names of Committee Members:  
Chair:  
Peer Evaluator:  
Administration Evaluator:  

Date of Semester review conference:  

The following have been attached:  
☐ Committee Summary  
☐ Self Evaluation  
☐ Chair Evaluation  
☐ Peer Evaluation  
☐ Administrator Evaluation  

COCFA CONTRACT:  

<table>
<thead>
<tr>
<th>Semester of Evaluation:</th>
<th>FIRST SEMESTER (mid-year hires will have two “first” semesters):</th>
<th>SECOND SEMESTER (Spring):</th>
<th>THIRD &amp; FOURTH SEMESTERS: (2nd full year of employment)</th>
<th>FIFTH &amp; SIXTH SEMESTERS: (3rd full year of employment)</th>
<th>SEVENTH &amp; EIGHTH SEMESTERS 4th full year of employment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation:</td>
<td>One-Semester Contract</td>
<td>One-Year Contract</td>
<td>Two-Year Contract</td>
<td>(Continuation of contract)</td>
<td>Regular Contract (“Tenure”)</td>
</tr>
<tr>
<td>Spring semester Evaluation?</td>
<td>YES</td>
<td>YES</td>
<td>OPTIONAL</td>
<td>OPTIONAL</td>
<td>OPTIONAL</td>
</tr>
</tbody>
</table>

Academic Year:  
☐ “0”  ☐ First  ☐ Second  ☐ Third  ☐ Fourth  ☐ Fifth  ☐ Sixth  ☐ Seventh  ☐ Eighth  

☐ CHECK BOX IF SPRING EVALUATION IS REQUIRED. The committee does not feel that a spring evaluation is required at this time. However, the committee reserves the right to conduct a spring evaluation if circumstances deem it necessary. (NOTE: spring evaluations are optional ONLY during the fourth, sixth and eighth semesters.)

Recommendations:  
☐ Continue, but with reservations  
☐ Not to rehire  
☐ The tenure review process should continue as outlined in the COCFA agreement. (Check below for appropriate contract)

Signature of Committee Chair  Date  
Signature of Vice President, Instruction  Date  
Recommendation sent to Chancellor  Date  

Rev. 02/01