**NMUFA FACULTY SELF-REVIEW**

NAME: Click here to enter text. TITLE: Click here to enter text.

PERIOD OF REVIEW (Calendar Year): Click here to enter text.

PROFESSIONAL PERFORMANCE: (Classroom Teaching Performance, Carrying out Assigned Responsibilities)

Click here to enter text.

STUDENT RELATIONSHIPS:

Click here to enter text.

PROFESSIONAL/PERSONAL GROWTH AND DEVELOPMENT:

Click here to enter text.

INSTITUTIONAL RELATIONSHIPS AND/OR COMMUNITY SERVICE:

Click here to enter text.

REVIEW OF PLANS AND OBJECTIVES FROM PREVIOUS YEAR:

Click here to enter text.

FUTURE PLANS: List planned future direction and objectives with a suggested timetable.

Click here to enter text.

If there are further questions or points you would like discussed, note them here. Include supervisory or other needed assistance which would help you in the performance of your duties. (Appropriate documents that would support your responses in this section should be attached.)

Click here to enter text.

I want this self-review placed in my personnel file.

I do not want this self-review placed in my personnel file.

Signed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACULTY

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT HEAD