

NMU Faculty Evaluation Processing Form
(Please attach to front of Evaluation Materials)

Evaluation Period _____

Faculty Member: _____
(name) (signature)

Department: _____

Present Rank: _____ Date Received: _____

Highest Degree: _____ Year Awarded: _____ School: _____

Full-Time Years at NMU: _____ Years Prior Service Credit: _____ Date Hired: _____
(excluding current academic year) (from appointment letter) (at NMU)

Tenure Status: _____ Date Awarded: _____