**MISSOURI STATE UNIVERSITY**

**DEPARTMENT HEAD ANNUAL PERFORMANCE REVIEW**

**(INSTRUCTORS, CLINICAL FACULTY)**

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| --- | --- |
| NAME OF FACULTY MEMBER:  |  |
| RANK: |  |
| DEPARTMENT: |  |
| CALENDAR YEAR BEING REVIEWED: |  |
| DATE OF REVIEW: |  |

TEACHING:

RESEARCH/PROFESSIONAL PRODUCTIVITY (if applicable)

SERVICE:

SIGNATURE OF DEPARTMENT HEAD DATE

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**I HAVE RECEIVED A COPY OF AND HAVE READ THE ABOVE EVALUATION.**

Comments:

**SIGNATURE OF FACULTY MEMBER DATE**