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**Annual Promotion Goals**

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| **Today’s Date**: |

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| **(Chair/Center Director)**: *Enter Chair/Cntr Dir. Name* |

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| **Faculty Undergoing Annual Review**: *Enter Faculty Name*    **Department**: Choose an item. **Center**: Choose an item. |

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| --- |
| **Current Rank**: Choose an item. **Track**: Choose an item.  **Professional Category**: Choose an item.  **Appointment Date**: |

**During today’s Annual Academic Merit meeting we:**



  

agreed on milestones *en route* to meeting these goals.

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Signature of Faculty Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Chair Date

*Retain three copies; one to be retained by the faculty member, one for department and one to be submitted with the Academic Merit Review Package.*