

REQUEST FOR A REVIEW BY THE UNIT COMMITTEE
(Fully-promoted faculty members only)

In addition to the annual review for the 2024-25 cycle to be conducted by the Chairperson/Division Director of the Department/School, I wish to also have an annual review for the same cycle by the peer evaluation committee.

(Signature)

(Print Name)

(Date)

Acknowledged:

(Chair/Director)

(Date)