

Peer Rating Form

for Promotion or Tenure

I, _____, from the _____ Department
(name of applicant) (name of academic department)
am applying for _____. Please evaluate me by checking the
box under the word that best describes me and by adding comments. Your input is valued and confidential.

Faculty Service and Relations	Always	Frequently	Sometimes	Never	Do Not Know
1. Is supportive of the mission of Oral Roberts University					
2. Attends chapel					
3. Keeps schedule and appropriate office hours					
4. Is prompt in performing duties					
5. Keeps current in his or her academic field					
6. Adheres to university, college, and department policies					
7. Cooperates with peer, students, staff, and administration					
8. Actively participates in college or university committees and/or functions					
9. Maintains a positive attitude					
10. Demonstrates a professional attitude					
Please comment on some of the statements above and on any outstanding qualities or concerns you have regarding this faculty member's fitness for advancement or tenure.					
Faculty Rater's Name (please print)			Telephone Extension		
Signature			Date		