

BABCOCK UNIVERSITY
HUMAN RESOURCES DEPARTMENT
FACULTY CONTRACT RENEWAL ASSESSMENT FORM

1. Name of Lecturer/Applicant _____ GSM No. _____
2. School _____ Department _____ Rank _____
3. Qualification(s) with years _____
4. Previous Contract years with BU _____ Current Contract Period _____
5. Period Being Applied for _____ Current Position held _____
6. Total Credit Load Last Session (20 /) _____

1 ST SEMESTER			2 ND SEMESTER		
CODE	COURSES	CREDIT	CODE	COURSES	CREDIT

7. Projected Courses to be taught next Session (20 /)

1 ST SEMESTER			2 ND SEMESTER		
CODE	COURSES	CREDIT	CODE	COURSES	CREDIT

8. State additional contributions (aside teaching) you have made during the period under assessment.

(Kindly use additional sheet if necessary and attach upon submission)

9. **Please attach your Student Rating of Teaching Effectiveness (SRTE) report for the last three (3) years!**

10. Lecturer's Performance Assessment (by the HOD)

S/N	RATE PERFORMANCE	1/Poor	2/Fair	3/Good	4/V.Good	5/Excellent
1.	Performance at Teaching Assignment					
2.	Performance at Student's Assessment					
3.	Performance at Classroom Control & Discipline					
4.	Performance at Submission of Grades					
5.	Performance at Research, Publications & Conferences					
6.	Performance at Meetings & Community Leadership					
7.	Performance at Spiritual Leadership					

11. HOD's Assessment and Remarks: _____

Recommended [] Not Recommended [] GSM No. _____ Dept. Stamp _____

12. HOD's Name _____ Signature _____

13. Approved by Dean [] Not approved by Dean [] Signature _____ Date _____

14. AVPIE's Assessment/Remarks _____

15. AVPIE's Signature _____ Date _____

16. Approved by SVP [] Not approved by SVP [] Signature _____ Date _____

Applicant's Signature _____ Date: _____

NB. This form should be attached to the Renewal Request of the Contract Faculty