

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. 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					

9. HOD's Assessment and Remarks: _____

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

10. HOD's Name _____ Signature _____

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

12. AVPIE's Assessment/Remarks _____

13. AVPIE's Signature _____ Date _____

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

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