



MAUTECH/R/SSE/FORM15

MODIBBO ADAMA UNIVERSITY OF TECHNOLOGY, YOLA

(Office of the Registrar)

ESTABLISHMENT DIVISION

File No: _____

ANNUAL PERFORMANCE EVALUATION REPORT FORM

(ACADEMIC STAFF ONLY AUSS 01-07)

Period of Report 20___/20___ Session

PART 'A'

(To be completed by member of staff)

NOTE: (a) Information should be handwritten and in BLOCK LETTERS

PERSONAL DATA:

- i.) Names (Surname last) _____
- ii.) Present Status, grade Level and Salary: _____

- iii.) School: _____
- iv.) Department: _____
- v.) Date, Status and Level of First Appointment in this University: _____

- vi.) Last Change in Status in this University, with date: _____

- vii.) Reference and Date of Notification concerning any more recent consideration of change in status: _____
- viii.) Date of Confirmation of Appointment: _____

A.) QUALIFICATIONS:

- A1. Doctorates, if any (with date): _____
- A2. Master's degree, if any (with date): _____
- A3. Other relevant academic or professional qualifications: _____

B.) PUBLICATIONS AND OTHER PRODUCTIVE WORKS

Attach list of publications, indicating authors, dates, titles, journals, volumes, publishers (where relevant) and pages. Items published or accepted for publications, or productive works completed, since first appointment or last change in status (whichever is later) should be marked with single asterisks. Joint authorship should be marked with double asterisks.

Provide the list of publications in line with the pro-forma provided below.

Author and date	Title of paper + Journal Volume, number and pages	Score awarded by staff	Score awarded by HOD	Score awarded by School Appraisal Committee
Total				

C.) TEACHING/SUPERVISION AND PROFESSIONAL EXPERIENCE

C1. Full-time teaching in a University or at an equivalent level (give dates, employers, post held):_____

C2. Supervision of Undergraduate and Postgraduate work, since appointment/last change in status in this university:_____

C3. Professional Practice/activities during the period of report. Attach list:_____

D.) COURSES TAUGHT DURING THE PERIOD OF REPORT i.e LAST TWO SEMESTERSU

Give course code, title and unit per semester, Asterisk shared courses:

First Semester

Second Semester

i.) _____

i.) _____

ii.) _____

ii.) _____

iii.) _____

iii.) _____

iv.) _____

iv.) _____

v.) Total Number of Units:_____

v.) Total Number of Units:_____

E.) UNIVERSITY ADMINISTRATION

List five administrative position/membership of committees during the period of report (see section 3 of the criteria):_____

F.) COMMUNITY SERVICE

Give details (i.e research extension work, service on public bodies, membership of professional bodies, editorship of learned journals, public lectures, radio and television talks, service to learned and professional bodies, publications outside main field, etc. (see section 4 of the criteria):_____

G.) HUMAN RELATIONSHIP

How would you describe your relationship with:

- a.) Your Subordinate? Good/Satisfactory/Unsatisfactory
- b.) Your Colleagues? Good/Satisfactory/Unsatisfactory
- c.) Your Superior? Good/Satisfactory

(Signature of Staff member)

Date

Completion of appraisal form is mandatory for all academic staff. Failure to do so will attract sanction.

PART 'B'**H.) ASSESSMENT OF COMMENTS BY THE HEAD OF DEPARTMENT**

(Please refer to the Criteria for Appointment and Promotion)

1.1 Certification of the information provided by the staff:

- i.) I certify that form has been properly completed [] (please check)
- ii.) I certify that the information provided by staff is correct [] (please check)

1.2 Scoring

CRITERIA	MAXIMUM	ACTUAL NO.	SCORE AWARDED
Relevant Experience	10		
Postgraduate Supervision	10		
Undergraduate Supervision	5		
Teaching Load	10		
Total for 1.2	35		

1.3 Comments of Head of Departments and School Board or Equivalent on Number of listed and accepted publications, promotion and confirmation of appointment.

NUMBER OF PUBLICATIONS SUBMITTED	NUMBER OF PUBLICATIONS SINCE LAST PROMOTION	TIME-IN-RANK	CURRENT POSITION	POSITION DUE	CONFIRMATION OF APPOINTMENT

1.4 General comments by the Head of Department:

1.5 Recommendations:

Name: _____

Date: _____

Signature: _____

Head of Department

I.) TO BE COMPLETED BY MEMBER OF STAFF

I certify that I have gone through the content of the report and I have the following comments to make:

(Name/Signature of Staff)

Date

(Current Position)

Grade Level

PART 'C'**J.). SCORE TABLE AND RECOMMENDATIONS BY THE SCHOOL APPRAISAL PANEL**

(To be completed by the Dean/Director)

J.1 SCORING

Position which candidate is being considered.

RANKING GROUP	ACADEMIC ACHIEVEMENT	MAXIMUM SCORE	SCORE AWARDED
	Publication/Research	45	
	Qualification	10	
	Total for J.1	55	

J.2

RANKING GROUP	ADMINISTRATION	MAXIMUM SCORE	SCORE AWARDED
	University/Administration	5	
	Total for J.2	5	

J.3

RANKING GROUP	SERVICE	MAXIMUM SCORE	SCORE AWARDED
	Community Service	5	
	Total for J.3	5	

J.4 Scores in the Last three (3) years

- i.) _____
- ii.) _____
- iii.) _____

J.5 Comments in (G) if any: _____**J.6** Comments in (H) if any: _____

J.7 Overall assessment and recommendation by the School Appraisal Panel indicating any unsatisfactory aspect to be brought to the staff member's attention:

Name

Signature

Date

Dean, School of: _____