



**FEDERAL UNIVERSITY WUKARI\***

200 Katsina-Ala road, P.M.B. 1020, Wukari Taraba State, Nigeria

**(Office of the Registrar)**

**CONFIDENTIAL**

**ACADEMIC STAFF ONLY**

**ANNUAL PERFORMANCE EVALUATION FORM**

**PERIOD OF REPORT ..... SESSION**

**File No: P.....**

**PART A**

(To be completed by member of academic staff only)

- NOTE:**
- (A) Information should be clearly written
  - (B) Two (2) copies of the form are to be completed

1. Name: (Underline Surname): .....
2. Date of Birth: .....
3. Nationality: ..... State: ..... LGA: .....
4. Faculty: .....
5. Department: .....
6. APPOINTMENTS/PROMOTIONS

Promotion	Date	Position	Salary
First Appointment			
1 <sup>st</sup> Promotion			
2 <sup>nd</sup> Promotion			
3 <sup>rd</sup> Promotion			
4 <sup>th</sup> Promotion			
5 <sup>th</sup> Promotion			
6 <sup>th</sup> Promotion			
Current Position			

**7. QUALIFICATIONS**

Degrees and Diplomas	Date	School	Specialization

**8(a). ACHIEVEMENTS SINCE LAST PROMOTION**

Please attach additional publications, Conference papers, reports on ongoing Research (etc)

**8(b). LIST OF PUBLICATIONS**

(Please complete Form 12 C and attach photocopies of all publications)

**9. COURSES TAUGHT DURING THE PERIOD OF REPORT**

i.e Last two semesters. Give course numbers/codes and units per semester. Where there was more than one lecturer for a course, indicate your own contribution and teaching load.

	Course Number	Units	Contact Hours	If shared, state your contact hours/contribution	Semester
I					
Ii					
Iii					
Iv					
V					
Vi					
Vii					
Viii					
Ix					
X					
Xi					
Xii					
Total Contact Hours					

**10. PROFESSIONAL PRACTICE (You may wish to attach a report)**

11. ACADEMIC/ADMINISTRATIVE RESPONSIBILITY/LEADERSHIP WITHIN AND OUTSIDE THE UNIVERSITY (e.g. Deputy Vice Chancellor, Deanship, Directorship, Member of Boards and Committees)

Position	Period

12. ANY OTHER INFORMATION THAT MAY ASSIST THE COMMITTEE IN DETERMINING YOUR PERFORMANCE DURING THE YEAR

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.....  
Date

.....  
Signature

**PART B**

(This section is to be completed by the Head of Department. The Dean is expected to complete this part in respect of Heads of Departments)

**13. ASSESSMENT AND COMMENTS BY THE HEADS OF DEPARTMENT**

(A) Certification of the information contained in Part A

I certify that the information contained in Part A is correct to the best of my knowledge.

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**(B) Eligibility Score**

Area of Scores	Professor	Reader	Senior Lecturer	Lecturer I	Lecturer II	Asst. Lect.	G/Asst.
Qualification *							
Teaching Experience **							
Time in Rank							
Teaching Load							
Professional Practice/Activities							
Research and Publications							
Academic/Administrative Leadership							
Postgraduate Supervision							
Community Services							
Total Score							

NOTE \* For Qualifications – only the highest achievement will be considered in scoring. Seven (7) points are allotted for Master and Ten (10) points for Ph.D.

\*\* At University Level

**(C) Assessment of Publications:**

Please complete the attached Form 12 C

(D) General Comments by the Head of Department

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 .....  
 .....

E. Recommendation

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.....  
Name (Print)

.....  
Date

.....  
Signature of Head of Department

NOTE: Heads of Department are enjoined to make their recommendations in accordance with the guidelines on Appointments, Promotions and Discipline as contained in the University Regulations.

**PART C**

(To be completed by the Dean)

**14. COMMENTS BY THE DEAN**

(a) I endorse the comments and recommendations of the Head of Department:

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(b) I do/do not agree with the comments and recommendations of the Head of Department for the following reasons

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.....  
NAME (Print)

.....  
Date

.....  
Signature of Dean

**PART D**

(To be completed by the Vice Chancellor)

**15. COMMENTS BY THE VICE-CHANCELLOR.....**

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(a) The Vice-Chancellor is expected to complete Parts B & C above in respect of Appraisal Forms from Deans, Directors and Professors.

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Date

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Signature of the Vice-Chancellor