Recommendation Form for Designation of Distinguished Adjunct Faculty

To be completed by the Distinguished Adjunct candidate academic supervisor:

Adjunct faculty name: ________________________________________________________________

Associate Department Chair(s): _____________________________________________________

Number of years supervised by you: _________________________________________________

What are the applicant’s principal strengths: ___________________________________________

________________________________________________________________________________

________________________________________________________________________________

What work related characteristics do you consider to be in need of improvement? __________

________________________________________________________________________________

Please rate the applicant using this scale.

<table>
<thead>
<tr>
<th>• Reliability</th>
<th>Outstanding</th>
<th>Professional</th>
<th>Average</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Commitment to the university</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Initiative to assist the university</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Willingness to work with students outside of class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Willingness to share curriculum with peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community involvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Commitment to quality in the classroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Classroom observations consistently exceptional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Analytical ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(ability to explore problems in an orderly manner and generate alternatives: ability to synthesize)

Supervisor Additional Comments: ______________________________________________________

________________________________________________________________________________

________________________________________________________________________________

_____Highly Recommend  _____ Recommend  ____ Recommend with Reservations  ____ Decline to Recommend

Associate Department Chair/Department Coordinator Signature: ____________________________

2015 - 2016
To be completed by the Department Chair:

Adjunct faculty name: ____________________________________________________________

As the Department Chair, I certify that after reviewing the student evaluation of teaching scores for this adjunct, the scores are consistently above that of the course means. If you do not believe that to be true, please indicate below and explain.

Department Chair (printed name): ____________________________________________________________

Department Chair Comments: _____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

_____ Highly Recommend _____ Recommend _____ Recommend with Reservations _____ Decline to Recommend

Department Chair Additional Comments: _____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Department Chair signature: _____________________________________________________________________

To be completed by the Dean or Associate Dean:

Dean or Associate Dean Comments: _____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Dean or Associate Dean signature: _____________________________________________________________________

Email completed form to: DistinguishedAdjunct@davenport.edu

Please attach any additional documentation with the form as a .pdf and submit no later than May 13, 2015. Only submit one candidate’s documentation per email and use the subject line:

Last Name (of applicant), First Name (of applicant) - Recommendation Form