



UNIVERSITY OF MAIDUGURI
(Office of the Registrar)

ACADEMIC STAFF ONLY

ANNUAL PERFORMANCE EVALUATION

CONFIDENTIAL:

PERIOD OF REPORT 2012/2013 SESSION

File No. SP:

PART A

(To be completed by Member of Staff)

NOTE:

- (A) Information should be typewritten and clear
(B) Two (2) copies of the form are to be completed

1. Name: (Underline Surname):
2. Date of birth:
3. Faculty:
4. Department:

5. APPOINTMENTS/PROMOTIONS

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

6. QUALIFICATION

Degrees and Diplomas	Date	School	Specialization

7(a). ACHIEVEMENT SINCE LAST PROMOTION

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

7(b). LIST OF PUBLICATIONS

(Please complete a separate form designed for this and attach photocopies of all publications)

A SEPARATE FORM DESIGNED FOR THIS WAS COMPLETED AND PHOTOCOPIES OF ALL PUBLICATIONS ARE ATTACHED.

8. COURSES TAUGHT DURING THE PERIOD OF REPORT

i.e Last two semesters. Give course numbers and unit per semester. Where there were more than one instructor 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					

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

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

POSITION	PERIOD

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

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Date

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Signature

PART B

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

15. ASSESSMENT AND COMMENTS BY THE HEAD 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 Scoring	Professor	Reader	Snr. Lecturer	Lecturer I	Lecturer II	Asst. Lect.	G/Asst.
Qualification							
Teaching Experience							
Time in Rank							
Teaching Load							
Professional Practical/Activities							
Research publication							
Academic/Admin. Leadership							
Community/Public Service.							
Total Score							

NOTE

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

** At University Level

(C) Assessment of publications.

Please complete a separate form designed for this.

A SEPARATE FORM DESIGNED FOR THIS WAS COMPLETED AND ATTACHED.

(d) General Comments by the Head of Department

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(E) Recommendation

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NAME (Print)

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Date

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Signature of Head of Department

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

PART C
(To be completed by the Provost/Dean)

16. COMMENT BY THE PROVOST/DEAN

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

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(b) I do agree with the comments and recommendations of the Head of Department for the following reasons

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NAME (Print)

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Date

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Signature of Provost/Dean

PART D

17. COMMENTS BY THE VICE-CHANCELLOR

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

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Date

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Signature of the Vice-Chancellor.

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Assessment of Publications for the 2012/2013 Session.

Name of Staff:

SP No.

Department:

Present Rank:

S/N o	Author(s), Year of Publication, Title of Paper, Name of Journal, volume and pages.	SCORE				
		Staff	HOD	Dean/Provost	Fac / Coll Panel	A and PC
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
	TOTAL					