

UNIVERSITY OF MAIDUGURI

[Office of the Registrar]

**Annual Performance Evaluation Report**

[Academic Staff Only]

CONFIDENTIAL

**Period of Report…2023/2024…. Academic Session SP. No…………**

Note: a) Information should be type- written

b) Two copies of the form to be completed

**PART A: To be completed by member of staff**

1. Faculty ……………………………………………………………………………
2. Department ……………………………………………………………………….
3. G.S.M. Number …………………………………………………………………...
4. Date of Assumption of Duty …………………………………………………......
5. Name in Full …………………………………………………………………….
6. Date of Birth…………. Place…………………L.G. A……………State……….
7. Registered Domicile……………………………………………………………...
8. Nationality ………………………………………………………………………...
9. Date of Confirmation of Appointment ………………………………………….

10.Membership of Professional Body ………………………………………………

1. **Appointment and Promotion**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N |  | Date | Position | Salary Scale/ Step |
| 1  2  3  4  5  6  7  8 | 1st Appointment  1st Promotion  2nd Promotion  3rd promotion  4th Promotion  5th Promotion  6th Promotion  Present Rank |  |  |  |

1. **Period of Leave of Absence from University**

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Destination | Date | Date of Resumption of Duty |
| 1  2  3  4  5  6  7  8 |  |  |  |

1. **Criteria for Performance Evaluation**
   1. **Qualification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | Degree | Specialization | Date | Institution |
| 1  2  3  4  5  6 |  |  |  |  |

* 1. **Time in Rank………………………………………………….**
  2. **Teaching Experience………………………………………….**
  3. **Teaching Load………………………………………………..**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S/N | Course code | Units | Contact Hours | | Semester |
| Not shared | Shared |
| 1  2  3  4  5  6  7  8  9  10 | **UG**  **PG** |  |  |  |  |

* 1. **Teaching Quality**

|  |  |  |
| --- | --- | --- |
| S/N | Criteria | Points |
| 1  2  3  4  5  6  7  8 | Attendance and punctuality of lectures  Extent of coverage of syllabus  Up-to-date content of teaching  Use of visual aids  Provision of reading list for courses taught  Promptness in submission of examination Questions and results  Effective communication  Report of external assessor on courses taught |  |

* 1. **Postgraduate Supervision**

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Name of Student/Registration Number | Session | Programme (MSc, PhD) |
| 1  2  3  4  5 |  |  |  |

* 1. **Postgraduate Graduation**

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Name of Student/Registration Number | Session | Programme (MSc, PhD) |
| 1  2  3  4 |  |  |  |

**13.8 Research and Publication inLast Three Years**

Complete the form designed for the purpose and attach photocopy of all documents

1. Reports on On-going Research

|  |  |  |
| --- | --- | --- |
| S/N | Title of Project | Stage of Project |
|  |  |  |

1. Publications in Last Three Years

|  |  |
| --- | --- |
| S/N | Authors,Year,Title of Publication, Name of Journal, Volume and Pages |
| 1  2  3  4 |  |

**13.9 All Publications**

Complete the form designed for the purpose and attach photocopies of all publications

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S/N | Authors,Year,Title of paper, Name of Journal, volume and pages | | Score | | |
| Staff | HOD | Dean |
| 1  2  3  4 |  | |  |  |  |
| Total |  |  |  |

**13.10 Professional Practice**

|  |  |  |
| --- | --- | --- |
| S/N | Nature of Practice | Date |
| 1  2  3 |  |  |

* 1. **Academic/AdministrativeLeadership**

|  |  |  |
| --- | --- | --- |
| S/N | Nature of Leadership | Date |
| 1  2  3  4 |  |  |

* 1. **Community Service**

1. University Community Service

|  |  |  |
| --- | --- | --- |
| S/N | Nature of Service | Date |
| 1  2  3  4 |  |  |

1. Public Service

|  |  |  |
| --- | --- | --- |
| S/N | Nature of Service | Date |
| 1  2  3  4 |  |  |

**13.13 Any other information that may assist the Committee in determining your performance during the year.**

………………………………………………………………………………………………………………………………………………………………………………

**13.14Certification by Staff**

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

Signature………………………. Date………………………………….

**PART B: To be completed by HOD and Dean**

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.The Vice Chancellor is expected to complete this part in respectof appraisal forms from the Provost, Deans, Directors and Professors.

**14 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

**15 How long has the candidate worked under you?**

……………………………………………….…………. weeks/months/years

**16 Eligibility Score**

|  |  |  |
| --- | --- | --- |
| S/N | Criteria | Score |
| 1  2  3  4  5  6  7  8  9  10  11  12 | Qualification Time in Rank  Teaching Experience  Teaching Load  Teach Quality  Scoring by Department  Scoring by Students  PG Supervision  PG Graduation  Publications  Research Productivity in Last Three Years  Professional Practice  Academic/ Administrative Leadership  Community Service  University Community Service  Public Service |  |

**17 General Comments by the Head of Department.**

……………………………………………………………………………….………

……………………………………………………………………………….………

**18 Recommendation**

(a) Promotion to rank of ……………….

(b) No change of status but Confirmation of appointment to retirement age

(c) No change of status butCommendation for the following reason(s)…………

(d) Renewal of contract

(e) No change of status

(f) Termination of contract for the following reason(s)………………………….

(g) Reprimand for the following reason(s)……………………………………….

Name of HOD…………… …………………………………………………………………

Signature ……………………………………………Date…………………………..…….

**PART C**

To be completed by the Provost/Dean. The Vice Chancellor is expected to complete this part in respect of appraisal forms from the Provost, Deans, Directors and Professors.

**19 Comments by the Provost/Dean**

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

…………………………………………………………………………..........

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

………………………………………………………………………...........................................................................................................................................................................................................

Name of Provost/Dean………………………………………………………………………….

Signature ……………………………………………Date…………………………..…….

**PART D**

**20. Comments by the Vice Chancellor**

………………………………………………………………………………...............

…………………………………………………………………………….…………..

Name of the Vice Chancellor………………………………………………………………….

Signature ……………………………………………Date…………….………………..…….