

**ASSESSMENT LIAISON
ADMINISTRATIVE ASSIGNMENT FORM**

Name: _____ Department: _____ Semester: _____

Administrative assignments are offered one semester at a time. A new form must be completed each semester.

Expectations and responsibilities are as follows:

- In cooperation with the Academic Department Chair and Dean, to coordinate a departmental or program assessment plan.
- To coordinate with a designated Fellow of The Center for Institutional Effectiveness on the development and implementation of the assessment plan.
- To participate in assessment workshops sponsored by CIE or Faculty Development.
- To assist the department in completing the relevant assessment documentation (the assessment report and any supporting documents such as rubrics, etc.).

I accept the offer of (check one): _____ one semester hour of released time
_____ stipend equivalent of 1 semester hour of released time for

Signature of Employee Date

Signature of Department Chair Date

Signature of Dean Date

Signature of Vice President for Academic Affairs Date

Signature of Vice President of Institutional Effectiveness Date

cc: Department Chair
Dean
Faculty Member