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

Form Updated 6/2016