

**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
_____ semester

Signature of Employee Date

Signature of Department Chair Date

Signature of Dean Date

Signature of Vice President for Academic Affairs Date

cc: Department Chair
Dean
Faculty Member