

**College of Science**

4400 University Drive, MSN: 5C3

Fairfax, Virginia 22030

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**2020 Self-Evaluation**

**Research Faculty and Research Staff**

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| **Faculty Name**: | **Faculty G Number:** |
|  |  |
| **Job Title:** | **Department/Center:** |
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| **Performance Evaluation Cycle**July 1, 2019 – June 30, 2020 |

1. **Examples of last year’s major accomplishments and disappointments:**
2. **Environmental considerations which helped or hindered your work:**
3. **Summary of your perceived development as a professional researcher over this past year:**
4. **Summary comments:**

**Faculty Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**