

UNIVERSITY FOR DEVELOPMENT STUDIES  
TAMALE  
(OFFICE OF THE REGISTRAR)

ANNUAL ASSESSMENT AND PROMOTION FORM  
*(For Academic Staff Only)*

File No.:..... Session:.....

**A. PERSONAL DATA (To be completed by Member of Staff)**

1. Name:.....  
(Underline Surname)

2. Faculty:.....

3. Department:.....

4. Date and Position on First Appointment:.....

5. Date and Position on Last Promotion:.....

6. Date, Rank and Salary of Current Position:.....

**B. EVALUATION DATA:**

**PART 1: (To be completed by Member of Staff)**

University Degree (if any) etc	Class (if any)	Institution	Date of Award

**2. TEACHING AND RESEARCH EXPERIENCE**

**2.1 Length of Teaching/Professional and/or Research Experience:**

Designation	Institution	Nature of Duty	Duration

**2.2 Teaching/Supervision/Professional Practice Load:**

- (a) Courses taught during the Session of Report i.e. 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> trimester of each year of report.

(Give Course Code and Number, Title and Credits per trimester. Where there was more than one Lecturer for a Course, indicate your own contribution and teaching load)

**1<sup>st</sup> Trimester**

- i) .....
- ii) .....
- iii) .....
- iv) .....
- v) .....

Average teaching load per week:.....

**2<sup>nd</sup> Trimester**

- i) .....
- ii) .....
- iii) .....
- iv) .....
- v) .....

Average teaching load per week:.....

**3<sup>rd</sup> Trimester**

- i) .....
- ii) .....
- iii) .....
- iv) .....
- v) .....

Average teaching load per week:.....

(b) Supervision of Undergraduate and/or Research Project:

List students' projects you have supervised during the session:

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(c) Professional Practice (*for staff in School of Medicine and Health Sciences and staff of Veterinary profession*) – Give a comprehensive Report of Professional Activities during the session

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(d) Average contact hours per week per session:

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**(b) Guidance and Supervision of Postgraduate Research**

List all Postgraduate work supervised by you to successful completion for the award of a higher degree/postgraduate diploma.

Degree/Post Graduate Dip.	Name of Candidate	Theses/Project	Institution	Date of Award

**(c) Output**

List research papers written-up and delivered at an academic forum (Seminars, Conferences, Workshops etc) but not yet published. Copies must be submitted to the Faculty Appointments Committee through the Head of Department.

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**5. Community Service:**

List your activities outside normal, University work since last promotion/appointment that you consider relevant and important to the University and the Community. These include radio talks, television appearances, newspaper publication, guest speeches, membership/patronship of Community-based Boards/Committees/Clubs/Associations/Societies, Membership of National Boards/Committees, Chairmanship, Secretaryship of National and Regional professional societies. Use additional sheet(s) if necessary.

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(Date)

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(Signature)

**PART II:** To be completed by the Head of Department

**ASSESSMENT OF QUALITY OF TEACHING**

The Head of Department should take cognizance of students' assessment of their Lecturer (particularly under factors A-F) and External Examiners'/Assessors' Reports (F-H).

- (a) Coverage of Course Syllabus
- (b) Effectiveness of Communication
- (c) Teaching Methodology
- (d) Conduct of Tutorials
- (e) Attendance and Punctuality
- (f) Promptness in Marking assignments and examination scripts
- (g) Students' Performance in Examination
- (h) External Examiners'/Assessors' Evaluation of the Lecturer's work
- (i) Maintenance of attendance and continuous assessment records of students

**7. Overall Assessment**

	Maximum Points	Points Scored
1. Qualification	(20 points)	
2. a) Length of Teaching	(15 Points)	
b) Teaching Load and Professional Practice Load	(15 Points)	
c) Quality of Teaching	(10 Points)	
3. a) Research Efforts	(3 Points)	
b) Guidance and Supervision of Postgraduate Research	(5 Points)	
c) Research Output	(10 Points)	
d) Publications	(12 Points)	
4. Administrative and Organisational Experience		
5. Community Service		
6. Relationship with colleagues		
<b>TOTAL</b>	<b>(100) Points</b>	

**PART III:** To be completed by Member being evaluated.

8. I certify that my Head of Department has discussed them with me. I have the following comments to add/I have no comment to add (delete as appropriate)

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(Date)

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(Signature of Member being Evaluated)





PART VI: Decision of the University Appointments and Promotions Board.

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(Date)

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(Signature)  
(Secretary of Appointments and Promotions Board)