

Form I
Salt Lake Community College
GOALS
Academic Year _____

Faculty Name _____

Date of Goals Meeting _____

TEACHING:

Empty space for teaching goals.

PROFESSIONAL ACTIVITY:

Empty space for professional activity goals.

SERVICE:

Empty space for service goals.

Committee Selection

Two full-time faculty members must be selected to participate in the peer review process.

Signatures:

Faculty Member:

Date

Associate Dean:

Date