CALIFORNIA MARITIME ACADEMY
Post Tenure Effectiveness in Academic Assignment Questionnaire

NAME: __________________________ DEPARTMENT: _______________ DATE: ________
RANK: ________________________ APPOINTMENT DATE: __________________
YRS AT PRESENT RANK: _______ DATE OF TENURE: _______________________

I. Teaching & Contributions to Student Development…

Teaching Load: (courses, sections, enrollments)

Student Evaluations: (summaries)

Pedagogical Growth and Development Efforts:

Other:

II. Scholarly, Creative & Professional Activities

Scholarly Activities:

Creative Activities:

Professional Activities:

Other:

III. University, Academy, and Community Service…
(related to your professional status)

Service to Students:

Service to the Department:

Service to the Academy:

Service to the Profession:

Other:

I attest that the above is accurate and true, to the best of my knowledge.

Signed: ___________________________ Date: ________________