Report of Periodic Performance Review

# Division Faculty Review and Recommendation

 AY 2019-2020

Faculty Member under Review:

This is to certify that I have completed the Periodic Performance Review as required under LCSC Policy 2.113. I recommend that:

 [ ]  No full review be conducted

[ ]  A full review be conducted. A written justification for this recommendation is attached.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_