

Faculty Success Plan (FSP)

This plan shall be developed in accordance with OP 4.4 of the AASOPs (see also Sections 2.9.3, 3.11.8 of the *Faculty Handbook*)

Faculty Member Name _____ Rank _____

Department _____ College _____

Chair _____ Dean _____

Plan Effective Date: _____ Plan Completion Date: _____

This FSP is in response to the following personnel evaluation and area:

- ☐ Annual Evaluation
 - ☐ Teaching
 - ☐ Research/Creative Activities
 - ☐ Service
- ☐ Post-Tenure Review

Teaching

☐ FSP Required ☐ FSP Not Required

Teaching Feedback:

Expectations for Success:

Timeline and Check-Ins

Resources & Support Measures

Metrics to Determine Success

Date Achieved _____
Date Achieved _____
Date Achieved _____

Completion: Were the Expectations for Success Achieved? ☐ Yes ☐ No

Research/Creative Activities ☐ FSP Required ☐ FSP Not Required

Research/Creative Activities Feedback:

Expectations for Success:

Timeline and Check-Ins

Resources & Support Measures

Metrics to Determine Success

Date Achieved _____
Date Achieved _____
Date Achieved _____

Completion: Were the Expectations for Success Achieved? ☐ Yes ☐ No

Acknowledgement

FACULTY ACKNOWLEDGEMENT: I acknowledge that I have received this Faculty Success Plan. I understand that my signature does not necessarily imply agreement with this action, or the contents outlined within this Plan, but that failure to complete it may lead to disciplinary action in accordance with Chapter VI of *The UNC Code*.

Signatures

Faculty Member

Date:

Department Chair

Date:

Dean

Date

Progress Meetings

Date

Supervisor Initials

Faculty Member Initials

Progress Meeting Update:
updates on goals, discussion on outcomes, and/or next steps

Date

Supervisor Initials

Faculty Member Initials

Progress Meeting Update:
updates on goals, discussion on outcomes, and/or next steps

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Faculty Success Plan Outcome Was the plan completed satisfactorily? ☐ Yes ☐ No
Faculty Member Comments:
Supervisor Comments:
Completion: Were the Expectations for Success Achieved? ☐ Yes ☐ No