**[Your Institution’s Name Here]**

**Scholar Performance Improvement Plan**

|  |  |
| --- | --- |
| NAME: | |
| SCHOOL: | DEPARTMENT: |
| DATE OF FACULTY APPOINTMENT: | POSITION TITLE: |
| YEAR: | DATE OF PLAN: |

|  |  |  |
| --- | --- | --- |
| **Area of Concern** | |  |
| Please identify competency or performance factor: Click here to enter text. | | Timeline |
| Steps to Improvement | Click here to enter text. | Click here to enter text. |
| Outcomes Specified | Click here to enter text. | Click here to enter text. |

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| Outcomes Specified | Click here to enter text. | Click here to enter text. |

**SIGNATURES**

Enter Typed Name

*Scholar*

Enter Typed Name

*Faculty Mentor/Supervisor*

Enter Typed Name

*Department Chair or Designee*

**PLEASE ENTER**

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*Scholar Date*

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*Faculty Mentor/Supervisor Date*

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*Department Chair or Designee Date*

**PLEASE SIGN**