

**RF – 12E - Improvement of Instruction Peer Review Committee - To All Committee
Members & Regular Faculty Member**

Date:

To:

All Committee Members and Regular Faculty Member

From:

Academic Administrator's Name & Title

Subject: Improvement of Instruction: Peer Review Committee – **Regular Faculty**

Regular Faculty Member:

Regular Faculty Member Name

The committee members are:

Selected by Regular Faculty Member	
Selected by Department Chair	
Academic Administrator	
Additional Members:	

The senior faculty member will chair the committee

Faculty Name & Department

The scope and process meeting has been scheduled for _ at

in on the campus. at
Location Day and Date Time

Please call to confirm your attendance with my assistant at:

Administrative Assistant Name

Administrative Assistant Email

Direct Line