

Report of Periodic Performance Review

President's Review and Recommendation

AY 2026-2027

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: _____