Proforma 5
Faculty Survey
(To be submitted on annual basis by each faculty member)

The Purpose of this survey is to assess faculty members’ satisfaction level and the effectiveness of programs in place to help them progress and excel in their profession. We seek your help in completing this survey and the information provided will be kept in confidence. Indicate how satisfied are you with each of the following aspects of you situation at your department?


1. Your mix of research, teaching and community service.
   A  B  C  D  E

2. The intellectual stimulation of your work.
   A  B  C  D  E

3. Type of teaching / research you currently do.
   A  B  C  D  E

4. Your interaction with students.
   A  B  C  D  E

5. Cooperation you receive from colleagues.
   A  B  C  D  E

6. The mentoring available to you.
   A  B  C  D  E

7. Administrative support from the department.
   A  B  C  D  E

8. Providing clarity about the faculty promotion process.
   A  B  C  D  E

9. Your prospects for advancement and progress through ranks.
   A  B  C  D  E

10. Salary and compensation package.
    A  B  C  D  E

11. Job security and stability at the department.
    A  B  C  D  E

12. Amount of time you have for yourself and family.
    A  B  C  D  E

13. The overall climate at the department.
    A  B  C  D  E

14. Whether the department is utilizing your experience and knowledge
    A  B  C  D  E

15. What are the best programs / factors currently available in your department that enhance your motivation and job satisfaction:

________________________________________________________________________
________________________________________________________________________

16. Suggest programs / factors that could improve your motivation and job satisfaction?

________________________________________________________________________

Information about faculty member

i. Academic rank:
   A: Professor  B: Associate Professor  C: Assistant Professor  D: Lecturer
   E: Other

ii. Years of service:
   A: 1-5  B: 6-10  C: 11-15  D: 16-20  E: >20

Name: __________________ Signature: _____________________ Date: ______________
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