

FACULTY MEMBER NAME: _____

PERIOD COVERED: 2005-06 2006-07 2007-08 2008-09

IX. Comment by Faculty Member (Optional):

Signature of Faculty Member **(Required)** (Date)

(The faculty member's signature indicates that he or she has seen the evaluation and not necessarily that she or he agrees with it.)

I have read any optional comments submitted by the faculty member on Part IX, and verified that the faculty member has signed the evaluation form in all required areas.

Signature of Chairperson **(Required)** (Date)