FACULTY MEMBER NAME: _____

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

X. **Comment by Dean** *(Optional)*:

_____

Signature of Dean ***(Required)*** (Date)

(A signature without comment indicates the dean's concurrence in the chairperson's evaluation.)

For Human Resources Use Only; Please do not mark in this box.

Placed in Official Personnel File; copy sent to faculty member.

_____

Human Resources Representative (Date)