YEARLY EVALUATION OF FACULTY

FOR THE YEAR JAN - DEC,

Name        Date

Department       Rank

TEACHING:

RESEARCH, SCHOLARSHIP, AND PROFESSIONAL AND CREATIVE ACTIVITIES:

SERVICE:

Evaluation Summary: Overall performance is (check one)

[ ]  Satisfactory [ ]  Needs Improvement [ ]  Unsatisfactory

If either "needs improvement" or "unsatisfactory" is checked, briefly indicate below those things which must be done to improve performance.

Signature of Chairperson Date Signature of Dean Date

Signature of Faculty Member Date

(The signature above does not necessarily indicate agreement with the evaluation.)