

FACULTY MEMBER NAME: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_

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.***

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

\_\_\_\_\_  
Human Resources Representative (Date)