NAME: _____________________________________________________________

RANK: ___________________________ DEPARTMENT: ___________________________

PERIOD COVERED: _______________________________________________________

RECOMMEND RATING: Circle one of the numbers, utilizing the scale outlined in the VPAA’s memo of February 1, 1995.

   5  4  3  2  1

COMMENTS ON PERFORMANCE: Provide a summary in each area of activity

1. Teaching:

2. Research:

3. Service:

4. Other Professional Activities:

5. Academic Administration:

OVERALL ASSESSMENT:

Chair’s signature: _______________________________________________________

CHAIR’S COMMENTS:

Dean’s signature: _______________________________________________________

DEAN’S COMMENTS: