



DEPARTMENT CHAIRPERSON'S EVALUATION FORM

Recommendation on the Performance of:

Last Name			First Name	Middle Initial	PRESENT APPOINTMENT: Probationary Tenured Non Tenurable Academic Year Fiscal Year
Present Academic Rank					
Academic Unit		College/School			

The Department Chairperson Recommends:

- Non Retention
- Salary Change - Merit
 - Normal
 - Less than Normal
- Promotion to _____ Non Promotion
- Continuous Tenure Probationary Appointment

Department chairperson's comment(s) or recommendation(s) relevant to advancement and/or performance:

(append additional pages, as needed)

Signed by:	I have read the comment(s) and/or recommendation(s) of the Department Chairperson and attest to the accuracy of the documents submitted as evidence of performance.		
Department Chairperson	Date	Faculty Member	Date

DEADLINE FOR FORWARDING THIS AND SUPPORTING DOCUMENTS IS DECEMBER 15.

COPIES TO: _____

DEAN (2) _____