

4. Other Comments or Relevant Information

Comments on the attached sheet on performance on annual objectives are also part of this evaluation.

5. I certify that I have read this evaluation and understand that I may reply in writing within ten days.

Date _____ Faculty Signature _____

Date _____ Chairperson/Dean _____

Name _____ Unit _____

To Be Completed at the Beginning of an Evaluation Cycle Year

1. Mutually agreed upon objectives for the next evaluation year cycle:

Faculty member's initials _____ Date _____ Evaluator's initials _____ Date _____

To Be Completed at the Conclusion of an Evaluation Cycle Year

2. Faculty member's comments on performance on above objectives:

Faculty member's initials _____ Date _____

To Be Completed at the Conclusion of an Evaluation Cycle Year

3. Evaluator's comments on performance on above objectives:

Evaluator's initials _____ Date _____