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College of Arts & Sciences Annual Report
Chair's Evaluation of Full-time Faculty Member

Reporting period _____ Faculty Member _____

Primary Department _____

Secondary Department/Program/Unit (if any) _____

Feedback from Primary Department Chair
Comment on specific items that represent strengths in the work of the faculty member and areas where improvement, growth, and/or attention should be indicated. Include a discussion of the faculty member's progress toward past goals and development of future goals.

TRIPLE CLICK AND TYPE INFORMATION. Box will expand as needed.

Date _____ Signature of Chair _____

I acknowledge that this evaluation was shared with me by the department chair. My acknowledgement does not indicate agreement or disagreement with the evaluation contained in this report.

Date _____ Signature of faculty member _____

Feedback from Secondary Supervisor
Comment on specific items that represent strengths in the work of the faculty member and areas where improvement, growth, and/or attention should be indicated. Include a discussion of the faculty member's progress toward past goals and development of future goals.

TRIPLE CLICK AND TYPE INFORMATION. Box will expand as needed.

Date _____ Signature of Supervisor _____

I acknowledge that this evaluation was shared with me by the department chair. My acknowledgement does not indicate agreement or disagreement with the evaluation contained in this report.

Date _____ Signature of faculty member _____

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