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\_\_\_ Unsatisfactory

**4. Recommended Activities for Improvement**

Progress toward next personnel action (List next scheduled personnel action and earliest date, or due date for that action): \_\_\_\_\_

Overall Evaluation:    Satisfactory                  Unsatisfactory

\_\_\_\_\_  
Department/Unit Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

**Archived Document**

The faculty member's signature on this document does not indicate agreement with its contents but that the faculty member has read the evaluation and discussed it with the evaluator. The faculty member has the right to append a response to this evaluation.

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VPAA Signature

\_\_\_\_\_  
Date