ANNUAL FACULTY EVALUATION REPORT

PART 3. TO BE COMPLETED BY THE DEAN

Annual Evaluation for: _____ _____
Name of Faculty Member | Calendar Year

College/Division: _____ **Rank:** _____

Faculty Member's Self-Rating _____
Chair's Rating of Faculty Member: _____
DEAN'S FINAL RATING OF FACULTY MEMBER: _____

DEAN'S OVERALL EVALUATION:

☐ I **agree** with the chairperson's evaluation of this faculty member.

Brief Remarks:

☐ I **disagree** with the chairperson's evaluation of this faculty member.

Explanation:

_____ _____
Signature of the Dean | Date

I have reviewed the Dean's recommendation of my annual performance, and I recognize I have five (5) working days from date of evaluation in which to respond in writing to the Dean.

_____ _____
Signature of Faculty Member | Date