

ast Name	First Name	Middle Initial		
Present Academic Rank				
cademic Unit	College/School			
	nittee's evaluation of the Teaching and should not be evaluated. Summary ta			
			(append additional pages, as needed)	
igned by:			I have read the evaluation of the Student Evaluation	
ommittee Chairperson	Date	Faculty Member	Date	
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Green)		DEPARTMENT CHAIRPERSON FACULTY EVALUATION COMMIT FACULTY MEMBER		