

Faculty Policy Series #13A
(rev. 1986)

Hofstra University - - Chair's Evaluation Form*

ACADEMIC YEAR, SEPTEMBER 1, _____ To AUGUST 31, _____

Name _____ Rank _____ Dept. _____

School or College _____

A. Chair's Personal Report (in terms of the usual 5 Categories)

B. Chairperson's Report on his/her Work as the Department Chair

- To be appended to the long form departmental salary sheet.

F. I have seen the Dean's Recommendations for my department.

_____ Date

1. I Sign With Agreement. _____

I Sign With Disagreement _____

2. Reasons For Disagreement:

G. Two-way review of issues by Dean and Chair held.

_____ Date

Signature of Dean _____

Signature of Chair _____

Signature of Provost _____

(Revised September 1987
Chair Evaluation Form)

