

## HOFSTRA UNIVERSITY -- CHAIR'S EVALUATION FORM

<sup>1</sup>ACADEMIC YEAR, SEPTEMBER 1, \_\_\_\_\_ TO AUGUST 1, \_\_\_\_\_

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

<sup>1</sup> To be appended to the long form departmental salary sheet.

C. Chair's Personal Data<sup>2</sup>

1. Date of rank \_\_\_\_\_
2. a. Date of first appointment at Hofstra \_\_\_\_\_  
b. Date of first appointment to current service  
as Chair \_\_\_\_\_
3. Highest degree and date \_\_\_\_\_
4. Current base salary \_\_\_\_\_
5. Tenure status: \_\_\_\_\_
  - a. already tenured \_\_\_\_\_ date of tenure \_\_\_\_\_
  - b. not yet tenured \_\_\_\_\_ date of req. tenure \_\_\_\_\_
  - c. date of req. notification of non-tenure \_\_\_\_\_

D. Dean's Recommendation for Chair:

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

E. I Have Seen the Dean's Recommendation \_\_\_\_\_

1. I Sign With Agreement. \_\_\_\_\_

I Sign With Disagreement. \_\_\_\_\_

2. Reasons For Disagreement:

<sup>2</sup> To be filled in by the Office of the Dean.

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 : \_\_\_\_\_