HOFSTRA UNIVERSITY -- CHAIR'S EVALUATION FORM

1 ACADEMIC YEAR, SEPTEMBER 1, _______ TO AUGUST 1,_______

<table>
<thead>
<tr>
<th>Name</th>
<th>Rank</th>
<th>Dept.</th>
<th>School or College</th>
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A. Chair’s Personal Report (in terms of the usual 5 categories)

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

1 To be appended to the long form departmental salary sheet.
C. Chair's Personal Data

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
   b. not yet tenured
   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.

2. Reasons For Disagreement:

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2 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.
2. Reasons for disagreement:
   __________________________
   __________________________
   __________________________

G. Two-way review of issues by Dean and Chair held. Date:________________________
   __________________________
   __________________________
   __________________________