

TRANSMITTAL SHEET FOR INSTRUCTOR EVALUATION

NAME _____ DEPARTMENT/PROGRAM _____

DEPARTMENT PERSONNEL COMMITTEE FOR INSTRUCTORS RECOMMENDATION:

___Satisfactory ___Unsatisfactory

_____ Date of Transaction _____ Date of Transmittal to Department Chair

_____ Chair, Department Personnel Committee for Instructors

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DEPARTMENT CHAIR RECOMMENDATION:

\_\_\_Satisfactory                      \_\_\_Unsatisfactory

\_\_\_\_\_ Date of Transaction                      \_\_\_\_\_ Date of Transmittal to Dean or to Instructor Appeals Committee

\_\_\_\_\_ Department Chair

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INSTRUCTOR APPEALS COMMITTEE RECOMMENDATION (If Necessary):

___Satisfactory ___Unsatisfactory

_____ Date of Transaction _____ Date of Transmittal to Dean

_____ Chair, Instructor Appeals Committee

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DEAN FINAL DECISION (If Necessary):

\_\_\_Satisfactory                      \_\_\_Unsatisfactory

\_\_\_\_\_ Date of Transaction                      \_\_\_\_\_ Date of Transmittal to Provost

\_\_\_\_\_ Dean