



Department/Program Chair's Acknowledgment of Faculty Evaluations and Summaries

By signing below, the Chair acknowledges that the attached evaluations and summary have been read and, as appropriate, discussed with the faculty member who submitted them. It is understood that the absence of optional comments indicates agreement with and endorsement of the faculty member's own summary and conclusions.

Name of Faculty Member: _____

Department: _____

Course Number: _____

Course Name: _____

Semester/Year: _____

Date Evaluations Received: _____

Today's Date: _____

Chair's Signature: _____

Optional Comments: