



**Faculty Member Evaluations to Chair Form**

By signing below, the faculty member acknowledges that he/she has submitted this semester's course evaluations and accompanying summary to the department/program chair.

Name of Faculty Member: \_\_\_\_\_

Department: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Date Evaluations Sent to Chair: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Faculty Member's Signature: \_\_\_\_\_

Optional Comments:

Please submit to the Office of the Provost.