

C. INSTITUTIONAL SERVICE

Comments:

1. Elected Office ()	S	NI	U	NA
2. Administrative Assignment ()	S	NI	U	NA
3. Committee Work	S	NI	U	NA
4. Course & Curriculum Development	S	NI	U	NA
5. Other (Specify):	S	NI	U	NA

OVERALL EVALUATION:

Satisfactory _____ Needs Improvement _____ Unsatisfactory _____

Suggestions for Improved Performance:

Comments:

Signature of Department Chair

Date

I understand that my signature means only that I have read this evaluation and I may attach any comments I wish.

Signature of Faculty Member

Date