

APPENDIX G-1
DEAN'S
EVALUATION AND RECOMMENDATION

(To be completed if Vice President assigned the responsibility for the evaluation to the Dean.)

Name: _____ Department: _____

Date of Last Evaluation: _____ University: Massachusetts College of Liberal Arts

Date of This Evaluation: _____

Personnel Action Being Considered: _____

EVALUATION AND RECOMMENDATION:

Signature of Dean

Date

This is to certify that I have read this evaluation.

Signature of Unit Member

Date