

TO BE COMPLETED BY DEAN

Candidate Name: _____
Department Name: _____
School: _____
Date: _____

Evaluation is for: 1st year at SSU (evaluation by Department
and Dean)

TO BE COMPLETED BY THE SCHOOL DEAN

Based on review of the candidate's WPAF and Department and School RTP Committee
Evaluations (choose one)

- I agree with the Department and School RTP Committees' evaluations.
 I provide additional input to the candidate's evaluation (max. of 1 page, attached).

Dean Signature

Print Name
