

TO BE COMPLETED BY SCHOOL COMMITTEE

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

Evaluation is for (choose one) _____

- 3rd year at SSU (evaluation by Department, School, and Dean)
- 5th year at SSU (evaluation by Department, School, and Dean)

TO BE COMPLETED BY THE SCHOOL RTP COMMITTEE

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

- The School RTP Committee agrees with the Department RTP Committee evaluation.
- The School RTP Committee provides additional input to the candidate's evaluation (max. of 1 page, attached).

School RTP Committee Chair Signature

Print Name

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