

HOFSTRA UNIVERSITY LIBRARY-CHAIRPERSON'S EVALUATION FORM ¹

ACADEMIC YEAR, SEPTEMBER 1, _____ TO AUGUST 31, _____

Name
Rank
Dept.
A. Chairperson's Personal Statement (in the usual 3 ca.

B. Chairperson's Report on His/Her Work in the Department

F. I have seen the Deans recommendation for my dept. _____

Date: _____

1. I sign with agreement: _____

I sign with disagreement: _____

2. Reasons for disagreement:

G. Two-way review of issues by Chairperson and Dean held

Date: _____

Signature of Dean of Library Services: _____