# CalStateLAlogo_hero_horizontal_4color

# **COLLEGE OF** Click here to enter text.

# **DEAN/ASSOCIATE DEAN PERSONNEL REPORT FORM**

# **INITIAL THREE-YEAR APPOINTMENT**

# **2021-2022**

**Name** Click here to enter text.

Last Name, First Name

### DEAN/ASSOCIATE DEAN OF COLLEGE OF Click here to enter text.

##

## [ ]  I concur with the department committee recommendation and evaluation.

[ ]  I concur with the department committee recommendation and evaluation, with additional

 comments below.

[ ]  I do not concur with the department committee recommendation and/or evaluation. (Please

 see below.)

Dean/Associate Dean of Click here to enter text. Date

**Additional Comments:**

Click or tap here to enter text.

**SEPARATE EVALUATION (If different from Department Committee or Chair)**

**Evaluation:**

##

[ ]  Satisfactory

[ ]  Unsatisfactory

**Dean/Associate Dean Recommendation for Evaluation for a Three-Year Appointment:**

##

## [ ]  Recommend a three-year appointment

[ ]  Do not recommend a three-year appointment

**If the recommendation is to not issue three-year appointment, please state the reason below.**

Click here to enter text.

**EVALUATION OF EDUCATIONAL PERFORMANCE**

**Teaching Performance**

Click here to enter text.

**Currency in the Field**

Click here to enter text.

**Note to Candidate**: You have ten days after this report is provided to submit a response/rebuttal.