

GEORGE MASON UNIVERSITY
College of Public Health
Performance Evaluation Summary Spring 20__

Name: _____ Year Evaluated: 20__-20__

Rank: _____ Type of Appointment: _____

Performance Evaluation Summary:

Comments on Performance/Progress Related to Reappointment, Tenure, Promotion, or Post Tenure Review:

Specific Recommendations/Suggestions for the Next Year:

Faculty Member / Date

Administrator/Evaluator / Date