



*Office of Institutional  
Effectiveness*

## **Faculty Evaluations Feedback Verification Form**

RESULTS FOR \_\_\_\_\_ SEMESTER

NAME OF FACULTY MEMBER:

COLLEGE:

DEPARTMENT OF:

This form will serve as verification that I have received feedback from my department chair/supervisor on the evaluation results for the course(s) listed below.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACULTY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO COMPLY WITH INSTITUTIONAL EFFECTIVENESS PROCEDURES. PLEASE RETURN THIS FORM TO OUR OFFICE UPON COMPLETION.  
THANK YOU!**