PART-TIME FACULTY EVALUATION (ADDENDUM)
FORM A | ACADEMIC

All PC and Mac users please note: This form must be opened using **Adobe Reader**; **any forms opened/used in "Preview Mode" will not function properly.**

FACULTY NAME: **<Slct> 20**

COURSE AND SECTION NUMBER:

COURSE TITLE:

SCHOOL: **DEPARTMENT:**

EVALUATOR'S NAME: **TITLE:** <Select>

DATE OF VISITATION: **# OF STUDENTS:**

Comments *(continued from)*: <Select>

Comments *(continued from)*: <Select>

Comments *(continued from)*: <Select>

Comments *(continued from)*: <Select>

Evaluator's Signature: _____Date: _____

Dean's Signature: _____Date: _____

Instructor's Signature: _____Date: _____