



**FULL-TIME FACULTY EVALUATION (ADDENDUM)  
FORM O | ONLINE COURSES**

**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.

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**FACULTY NAME:** 20

**COURSE AND SECTION NUMBER:**

**COURSE TITLE:**

**SCHOOL:**

**DEPARTMENT:**

**EVALUATOR'S NAME:**

**TITLE:**

**DATE OF VISITATION:**

**# OF STUDENTS:**

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**Comments (*continued from*):**

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**Comments (*continued from*):**

**Faculty Name:**  
**Course:**

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**Comments (*continued from*):**

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**Comments (*continued from*):**

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_