PART-TIME FACULTY EVALUATION (ADDENDUM)
FORM B | BIBLIO/LIBRARY SERVICES FACULTY

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.**

LIBRARIAN/FACULTY NAME: **<Slct> 20**

SCHOOL/SERVICE AREA: **DEPARTMENT:**

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

DATE OF VISITATION:

Comments *(continued from)*: <Select>

Comments *(continued from)*: <Select>

Comments *(continued from)*: <Select>

Comments *(continued from)*: <Select>

Evaluator's Signature: _____Date: _____

Faculty Signature: _____Date: _____