



Adjunct Faculty Teaching Evaluation Form

SPRING _____ FALL _____

Supervising department chairs or program coordinators should complete this form for each adjunct faculty member who taught at least one course during the spring/fall sequence of semesters.

Adjunct Faculty Member

Additional reviewer comments

We acknowledge that we have reviewed and discussed this evaluation.

1) _____
Name of Reviewer (print or type)

Signature of Reviewer Date

2) _____
Name of Adjunct Faculty Member (print or type)

Signature of Adjunct Faculty Member Date

3) Copy to Adjunct Faculty Member

4) Copy to Dean

5) File original in department