



EVALUATION FORM FOR PART-TIME, NON-TENURE TRACK FACULTY

Please check one of the following: Evaluation by faculty member or by department chair/CHHS school director

Evaluation of:
Academic Rank:

The categories below evaluate the faculty member's accomplishments during the period _____ through _____. In exceptional cases an extension of this period may be made, but reasons for the extension must be fully documented and attached.

	Below Department/CHHS School Standards	Meets Department/CHHS School Standards	Exceeds Department/CHHS School Standards
Teaching and Advising			
Other responsibilities on a per course contract (list below)			
Overall Performance			

Chair/CHHS School Director's Remarks:

Chair/CHHS School Director:			
	Printed Name	Signature	Date

Employee Remarks:

Employee: I have read the above evaluation.

Printed Name	Signature	Date

NOTE: This form must be used to evaluate PTNTT faculty. Additional evaluation forms, etc. may be appended.
 Approved by Faculty Senate, March 14, 2006 Approved by Deans' and Provost's Group (DPG), April 3, 2006