

APPENDIX D-2(c)
DEPARTMENT CHAIR'S
EVALUATION OF PART-TIME FACULTY MEMBER

Name: _____ Department: _____

Date of Last Evaluation: _____ University: _____

Date of This Evaluation: _____

DIRECTIONS:

Evaluate each faculty member on items A through C.

CRITERIA:

A. Teaching Effectiveness (Article VIII, §A(2)(a))

B. Academic Advising (Article VIII, §A(2)(b))

C. Fulfillment of Other Obligations (Article VIII, §A(2)(c); and Article XII, §A(1)(b))

Signature of Department Chair

Date

This is to certify that I have read this evaluation.

Signature of Faculty Member

Date