

**FULL-TIME LECTURER
APPLICATION FOR PERIODIC EVALUATION**

**This cover page must be submitted with the narrative and supporting materials for evaluation.
Please fill in all the information requested.**

Lecturer's Name: _____ EID: _____
 First Name Last Name

Department: _____ Date: _____

Please check one:

- _____ Periodic Evaluation during the 4th semester of your initial appointment (2nd year)
- _____ Periodic Evaluation every five (5) years after receiving continuous appointment and promotion to Associate Full-Time Lecturer unless applying for Full Evaluation for Promotion or Salary Adjustment.

Please verify that the following required materials are included by indicating with a check mark.

- _____ Curriculum Vita
- _____ Course Materials
- _____ The syllabus for each unique course taught
- _____ A representative sample of assignments, exams, PowerPoints, handouts, etc. . . .
- _____ Copies of student evaluations with comments
- _____ Other work assigned (if applicable)