

**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 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.

Education (list all degrees with institutions: start with the most recent):

- 1.
- 2.
- 3.

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

1. Curriculum Vita

2. Course Materials

a. Syllabus for each unique course taught

b. A representative sample of assignments, exams, PowerPoints, handouts, etc. . . .

3. Student Evaluations

4. Other work assigned (if applicable)