

**PART-TIME LECTURER
APPLICATION FOR INITIAL OR PERIODIC EVALUATION**

This cover sheet must accompany the supporting materials being submitted for evaluation review.

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

DEPARTMENT: _____ **DATE:** _____

Please check one:

_____ Initial Eval. (by end of 2nd sem. of employment)

_____ Periodic Eval. (every 3rd year or the 4th semester, whichever is later, following an Initial Eval. or last Periodic Eval.)

EDUCATION

1. List all degrees with date and institution; start with the most recent:

2. Indicate number of credits earned beyond the highest degree:

Number: _____ Discipline: _____ Date: _____

3. Indicate any departmentally approved equivalencies being submitted:

Equivalency: _____ = _____

PLEASE INDICATE BELOW WHICH MATERIALS ARE INCLUDED IN YOUR PACKET:

_____ Classroom Observations

_____ Student Evaluations

_____ Course Materials

_____ Curriculum Vitae