

PART-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:

☐ Initial Evaluation (by the end of the employee's 2nd appointment)

Periodic Evaluation (by the end of the employee's 4th appointment)

☐ Periodic Evaluation (every 6th semester thereafter)

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. The 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)