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

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

NAME: Date:

 Last First

DEPARTMENT:

Please check one:

\_\_ Initial Eval. (by end of 2nd sem. of employment) \_\_ Periodic Eval. (every 4th year following Initial 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