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

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

EID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

DEPARTMENT: CURRENT RANK:

YEARS AT EMU: YEARS IN CURRENT RANK:

(Including this year) (Including this year)

Please check one:

\_\_\_\_\_ Initial Evaluation (1st year) \_\_\_\_\_ Periodic Evaluation (2nd year and every 4th year)

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:

\_\_\_\_ Annual Activity Report **(not required for 1st year Initial Evals)**

\_\_\_\_ Classroom Observations

\_\_\_\_ Student Evaluations

\_\_\_\_ Course Materials