



Cal Poly Pomona

Office of Faculty Affairs

<https://www.cpp.edu/faculty-affairs>

Temporary Faculty Evaluation Form

Dean's Evaluation – Annual FT

Temporary Faculty

NAME _____ DEPARTMENT _____

_____ Annual Dean's Evaluation (required for all full-time temporary)

Period Covered by Evaluation _____

DEAN/DIRECTOR EVALUATION

In the case of full-time temporary faculty members (full-time teaching load for two-semester during the academic year) a statement shall be prepared by the appropriate dean/director.

Dean's Name

Signature

Date

I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Dean or Director.

Lecturer's Name

Signature

Date