



**CalPolyPomona**

**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