# Office of Faculty Affairs

https://[www.cpp.edu/faculty-affairs](http://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**

***I****n 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.

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 Lecturer’s Name Signature Date