



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.*

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Dean's Name

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Signature

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Date