



**FULL-TIME FACULTY EVALUATION (ADDENDUM)
FORM C | COUNSELING & NON-INSTRUCTIONAL FACULTY**

All PC and Mac users please note: This form must be opened using **Adobe Reader**; any forms opened/used in "Preview Mode" will not function properly.

FACULTY NAME: **20**

NON-INSTRUCTIONAL ACTIVITY OBSERVED:

SCHOOL/SERVICE AREA:

DEPARTMENT:

EVALUATOR'S NAME:

TITLE:

DATE OF VISITATION:

OF STUDENTS:

Comments (continued from):

Comments (continued from):

Faculty Name:
Non-instructional activity being observed:

Faculty Evaluation **Page 2**
Form C (Addendum)

Comments (*continued from*):

Comments (*continued from*):

Evaluator's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Faculty Signature: _____ Date: _____