



**FULL-TIME FACULTY EVALUATION (ADDENDUM)
FORM B | BIBLIO/LIBRARY SERVICES 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.

LIBRARIAN/FACULTY NAME: **20**

SCHOOL/SERVICE AREA:

DEPARTMENT:

EVALUATOR'S NAME:

TITLE:

DATE OF VISITATION:

Comments (*continued from*):

Comments (*continued from*):

Comments (*continued from*):

Comments (*continued from*):

Evaluator's Signature: _____ Date: _____

Faculty Signature: _____ Date: _____