



**PART-TIME FACULTY EVALUATION (ADDENDUM)
FORM O (ONLINE/HYBRID COURSES)**

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:

COURSE AND SECTION NUMBER:

COURSE TITLE:

SCHOOL/CENTER:

DEPARTMENT:

EVALUATOR'S NAME:

TITLE:

DATE OF VISITATION:

OF STUDENTS:

Comments (*continued from*):

Comments (*continued from*):

Faculty Name:
Course:

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Comments (*continued from*):

Comments (*continued from*):

Evaluator's Signature: _____

Date: _____

Dean's Signature: _____

Date: _____

Faculty Signature: _____

Date: _____
