



PART-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:

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Comments (*continued from*):

Comments (*continued from*):

Evaluator's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Faculty Signature: _____ Date: _____