

APPENDIX C

**DEPARTMENT PEER REVIEW COMMITTEE'S EVALUATION
of full-time lecturers with one-year or three-year appointments**

Deadline for submission to the Dean and Lecturer: Monday, March 1, 2021

Lecturer Evaluated _____ Department _____

Evaluation Periods: Spring Semester 2020, Cruise 2020, and Fall Semester 2020

1. Describe the lecturer's work requirements as stipulated in the appointment letter.

Spring Semester 2020

Cruise 2020 (if applicable)

Fall Semester 2020

2. This evaluation is based on the following sources of information for the evaluation period. (Check all that apply.)

____ Lecturer's Annual Self-Assessment ____ Peer input

____ Evaluation of course material ____ Classroom visit

____ Personnel Action File (PAF) ____ Student evaluations

____ Other – please specify:

3. Give your evaluation of the lecturer's effectiveness in fulfilling these requirements.

____ Excellent ____ Good ____ Satisfactory ____ Unsatisfactory

(Comments are required)

4. Please feel free to add other comments or provide additional information.

<p>_____ Department Peer Review Committee signatures</p> <p>_____ Date</p>	
<p>_____ Lecturer signature</p> <p>I have read the evaluation. My signature indicates neither agreement nor disagreement with the statements made.</p>	<p>_____ Date</p>
<p>____ I concur with the evaluation made by the Department Peer Review Committee</p> <p>____ I do <u>not</u> concur with the evaluation made by the Department Peer Review Committee and have provided a written attachment.</p>	
<p>_____ Dean</p>	<p>_____ Date</p>