

**APPENDIX B**

**DEPARTMENT CHAIR'S EVALUATION  
of full-time and part-time lecturers with one-year or three-year appointments**

**Deadline for submission to the Dean and Lecturer: Monday, February 24, 2025**

Department Chair \_\_\_\_\_ Department \_\_\_\_\_

Lecturer Evaluated \_\_\_\_\_

Evaluation Periods: Spring Semester 2024, Sea Term 2024, and Fall Semester 2024

Indicate Time Base (FT or PT) for Spring Semester \_\_\_\_\_ Cruise \_\_\_\_\_ Fall Semester \_\_\_\_\_

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

Spring Semester 2024

Sea Term 2024 (if applicable)

Fall Semester 2024

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 the work requirements.

Excellent     Good     Satisfactory     Unsatisfactory

(Comments are required)

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

<hr/>	
Department Chair signature	Date
<hr/>	
Lecturer signature	Date
I have read the evaluation. My signature indicates neither agreement nor disagreement with the statements made.	
<hr/>	
<input type="checkbox"/>	I concur with the evaluation made by the Department Chair
<input type="checkbox"/>	I do <u>not</u> concur with the evaluation made by the Department Chair and have provided a written attachment.
<hr/>	
Dean	Date