

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, February 24, 2025

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

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

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.)

- |  |  |
|--|--|
| <input type="checkbox"/> Lecturer's Annual Self-Assessment | <input type="checkbox"/> Peer input          |
| <input type="checkbox"/> Evaluation of course material     | <input type="checkbox"/> Classroom visit     |
| <input type="checkbox"/> Personnel Action File (PAF)       | <input type="checkbox"/> Student evaluations |
| <input type="checkbox"/> 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.

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