***Stephen F. Austin State University***

**ADMINISTRATIVE EVALUATION OF ADJUNCT FACULTY MEMBER**

Name Semester(s)/Year(s)

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Department Courses taught during evaluation period

**TEACHING**

**OTHER DUTIES**

I have examined applicable information and have conducted a private interview with the adjunct faculty member identified above. The statements above represent my evaluation of the adjunct faculty member's performance.

Chair Date

I have read the administrative evaluation of my teaching and other activities.

(Comments attached: [ ] yes [ ] no)

Adjunct Faculty Date

I have conferred with the chair, and concur in the evaluation.

(Comments attached: [ ] yes [ ] no)

Dean Date