SJSU SAN JOSÉ STATE UNIVERSITY

Temporary Faculty Cumulative Evaluation For Three Year Entitlement

FACULTY AFFAIRS | 408-924-2450 | ADMIN RM 218

Evaluation Time Period: ___ *Spring 2012 – Fall 2017* ___ *Spring 2015 – Fall 2017*

Name: _____ **Dept./School:** _____ **College:** _____

Time Base: SPRING 2016 ____ FALL 2016 ____

Date Reviewed PAF:

This cumulative evaluation is based on the following sources of information:

Student Evaluations *(identify course and semester)*						
Peer Observations *(identify dates of observation)*						
Annual Evaluations *(identify years)*	__ 2012	__ 2015	Annual Summary of Achievements *(identify years)*	__ 2012	__ 2015	
	__ 2013	__ 2016		__ 2013	__ 2016	
	__ 2014	__ 2017		2014	2017	

Administrator Decision / Comments:

__ Satisfactory

__ Not Satisfactory

Comments ***REQUIRED*** for *"Not Satisfactory"*

Administrator Signature _____ Print Name _____ Date _____

Faculty Member: I have read the evaluation. My signature indicates neither agreement nor disagreement with statements made.

Faculty Member Signature _____ Print Name _____ Date _____