

100 Campus Center • Seaside, CA 93955 T (831) 582-3389 • F (831) 582-4736 academic\_personnel@csumb.edu

## **Lecturer Cumulative Evaluation Form**

| LECTURER NAME       |   |
|---------------------|---|
| DEPARTMENT          |   |
| SEMESTERS EVALUATED | Spring 2017 – Fall 2022 Spring 2020 – Fall 2022 |

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

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| Self-Evaluations*   |  |
|---------------------|--|
| Peer Observations*  |  |
| Annual Evaluations* |  |

\* Identify years of evaluations/observations.

| Dean/Administrator Decision |                                   |  |  |  |
|-----------------------------|-----------------------------------|--|--|--|
| Satisfactory                | Unsatisfactory (comment required) |  |  |  |
| Comments                    |                                   |  |  |  |

| Dean/Administrator Signature | Print Name | Date |
|------------------------------|------------|------|
|                              |            |      |