



Evaluation of Adjunct Non-Clinical Faculty Performance

Adjunct Faculty Name: _____

Term/Year: _____

School/College:

Department:

1. Adjunct Role:

2. If teaching is a role, answer the following:

Student Course Evaluation:

Exceeds expectations Meets expectations Does not meet expectations

3. Administrative Performance (compliant with UNTHSC policies) Yes No

Overall evaluation:

Exceeds expectations Meets expectations Does not meet expectations

Summary Comments (optional):

If the adjunct faculty does not meet the criteria to renew the appointment, please explain action to be taken:

Chair's Signature

Evaluation Date:

Dean's Name

THE UNIVERSITY *of* NORTH TEXAS
HEALTH SCIENCE CENTER *at* FORT WORTH

TEL: 817 735-2000 | 3500 Camp Bowie Blvd. Fort Worth, Texas 76107 | unthsc.edu