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## VISITING LECTURER HIRE INFORMATIONAL FORM

### ABOUT:

Department Heads are responsible for the hiring and rehiring of Visiting Lecturer instructors. Upon your recommendation to **hire an Adjunct Instructor as a Visiting Lecturer Instructor**, please complete the form below and submit in conjunction with all other required hiring information.

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NAME: \_\_\_\_\_

J#: \_\_\_\_\_

DEPARTMENT/PROGRAM: \_\_\_\_\_ SEMESTER/YR: \_\_\_\_\_

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### ADJUNCT INSTRUCTOR EVALUATION

CHECK YES OR NO FOR THE FOLLOWING:

	YES	NO
MEETS ALL CLASSES AND FULFILLS ASSIGNED JOB RESPONSIBILITIES	<input type="checkbox"/>	<input type="checkbox"/>
HAS BEEN OBSERVED ACCORDING TO DEPARTMENTAL FACULTY EVALUATION PLAN	<input type="checkbox"/>	<input type="checkbox"/>
RECEIVES (AT MINIMUM) SATISFACTORY EVALUATIONS FROM STUDENTS	<input type="checkbox"/>	<input type="checkbox"/>
FOSTERS A COMFORTABLE & ENGAGING LEARNING ENVIRONMENT	<input type="checkbox"/>	<input type="checkbox"/>
CONSISTENCY & TIMELINESS IN RESPONDING TO COLLEGE REQUIRED REPORTS (E.G., 20% ATTENDANCE, GRADE REPORTS, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATES IN ASSESSMENT OF STUDENT LEARNING OUTCOMES (AS DEFINED BY THE COLLEGE AND DEPARTMENT)	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

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### OVERALL:

DO YOU RECOMMEND THIS INSTRUCTOR FOR HIRE AS A VISITING LECTURER?  YES  NO

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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DEAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

V.P., ACADEMIC & STUDENT SUCCESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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