

Adjunct Faculty Applicant Evaluation

Applicant: _____ Applicant Phone # _____ Last four digits of SSN _____

Department _____ Date: _____

Department Contact: _____ Department Phone #: _____

PART I

Applicant is **approved** to teach the following course(s):

Course Abbr.	Course #

Course Abbr.	Course #

PART II

1. Applicant **DOES NOT QUALIFY** based on:
- Education** requirement
 - Experience** requirements
 - Both **experience AND educational** requirements

Comments:

2. Applicant **QUALIFIED, INTERVIEWED, BUT NOT APPROVED**

Comments:

3. Applicant **NOT INTERVIEWED**.
- Declined Interview/No longer interested
 - Unable to contact.

Department Chair: _____
Signature Date

Dean: _____
Signature Date

**For Human Resources
Use Only**

Fox-Pro _____

Letter Sent _____