

Form DCE-E4

**DIVISION OF CONTINUING EDUCATION
COMPREHENSIVE EVALUATION**

Unit Member: _____

Session/Year: _____

Course(s) Taught: _____

Evaluator: _____ Title: _____

Evaluator's Comments:

Unit Member's Comments (if any):

I have read and received a copy of these
comments.

Evaluator

Unit Member

Date: _____

Date: _____