

**CLAS Form for Annual Review of Tenured Faculty  
To be completed by Departmental Executive Officer**

Faculty Member:	
DEO Name (printed)	Department
DEO Signature:	Date
Faculty member signs to acknowledge receipt of review:	Date

**The DEO places a check mark in the appropriate box to indicate his/her evaluation of the faculty member's performance in teaching, in research/creative work and in service with regard to the approved departmental standards for tenured faculty review.**

Area of Faculty Effort	Does not meet standards	Meets or exceeds standards
Teaching and Student Mentoring		
Research/Creative Work		
Service		

**Summary Comments:** For performance that does not meet departmental standards, the DEO **must** give a short and specific justification for the performance rating. For faculty whose performance meets or exceeds standards, the comments are optional.

**Teaching and Student Mentoring (limit 500 characters):**

**Research/Creative Work (limit 500 characters):**

**Service (limit 500 characters):**