

**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 signature (not required if signed in workflow):	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: The DEO **must** give a short and specific justification for the performance rating.

Teaching and Student Mentoring (limit 500 characters):

Research/Creative Work (limit 500 characters):

Service (limit 500 characters):