CLAS Tenure TRACK Faculty

annual review form

To be completed by the Departmental Executive Officer

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty member:** |  | **Department:** |  |
| **DEO name:** |  | **Date:** |  |

The DEO places a checkmark in the appropriate box to indicate their 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

[Insert summary text here.]

### Research/Creative Work

[Insert summary text here.]

### Service

[Insert summary text here.]

**Save completed review form as a PDF before uploading to FRAP.**