**EVALUATION OF TENURED FACULTY (ETF)**

California State University, Long Beach

College of Liberal Arts

**Academic Year**

|  |
| --- |
| 2016-2017 |

**Faculty Name**

|  |
| --- |
| Click here to enter faculty name. |

**Department**

|  |
| --- |
| Click here to enter faculty dept. |

**Materials Submitted to Assist with Evaluation**   
(Check all included and list additional below)

Updated CV/Professional Resume

Narrative Summary from the Tenured Faculty Member

Student Evaluations of All Courses Evaluated During Past 5 Years

Documentation Demonstrating Efforts to Maintain Currency in Field

Department Peer Committee Evaluation with Signature Page

Dean’s Review Memorandum

Any Rebuttal(s)

Additional Materials Submitted: Click here to list additional materials, or “None.”

Faculty is to be evaluated in the following categories by the Department Peer Committee:

|  |
| --- |
| **Teaching Effectiveness:** |
| Click here to enter text. Use Shift + Enter for new paragraph. |

|  |
| --- |
| **Scholarly and Creative Activities:** |
| Click here to enter text. Use Shift + Enter for new paragraph. |

|  |
| --- |
| **Service – University/Community:** |
| Click here to enter text. Use Shift + Enter for new paragraph. |

|  |
| --- |
| **Areas to be Improved:** |
| Click here to enter text. Use Shift + Enter for new paragraph. |

|  |
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| **Summary:** |
| Click here to enter text. Use Shift + Enter for new paragraph. |

**ETF Department Committee:**

|  |
| --- |
| Click here to enter chair name. Click here to enter date. |

Committee Chair Name Signature Date

|  |
| --- |
| Click here to enter member name. Click here to enter date. |

Committee Member Name Signature Date

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| Click here to enter member name. Click here to enter date. |

Committee Member Name Signature Date

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| Click here to enter member name. Click here to enter date. |

Committee Member Name Signature Date

**Faculty Signature:**

I have read the Department Peer Committee’s evaluation and statement and my signature indicates neither agreement nor disagreement with the statement made.

|  |
| --- |
| Click here to enter date. |

Faculty Signature Date