

MARSHALL UNIVERSITY SCHOOL OF MEDICINE

RECOMMENDATION FOR PROMOTION AND/OR TENURE

I am recommending ___ I am NOT recommending ___
_____ for:

_____ promotion to _____, _____ tenure,
effective July 1, 20____.

Signed _____ Chairperson

_____ Department

_____ Date

I. A. His/Her current status.

_____ Assistant Professor _____ probationary _____ tenured
_____ Associate Professor _____ probationary _____ tenured
_____ Professor _____ probationary _____ tenured

_____ SM Assistant Professor
_____ SM Associate Professor

B. Time in current rank at Marshall University School of Medicine.

_____ years _____ months.

C. Total time as full-time faculty member at Marshall University School of Medicine.

_____ years _____ months

D. If he/she holds an M.D. degree, list Board certifications and Fellowships of American Colleges, or state eligibilities.

E. If he/she is a member of a Basic Science Department, check the following which apply:

_____ Instructor member of MU Graduate Faculty
_____ Associate member of MU Graduate Faculty
_____ Graduate member of MU Graduate Faculty
_____ Doctoral member of MU Graduate Faculty

II. A. According to his/her Annual Evaluation Forms the following percentage of time of duties was mutually agreed upon by him/her and myself. The percentages indicate a yearly average during time in current rank.

- _____ % Teaching/Advising
- _____ % Research/Scholarly Activity
- _____ % Service to the University
- _____ % Professional Service/Patient Care

B. He/she should be considered on the basis of activities relating to these percentages of time per type of activity.

_____ Yes _____ No

If no, why not?

III. OVERALL EVALUATION. Based on annual departmental evaluations I would rate his/her overall performance within current rank as:

Teaching/Advising

- _____ Outstanding
- _____ Excellent
- _____ Good
- _____ Satisfactory
- _____ Marginal
- _____ Unsatisfactory
- _____ Not Applicable

Service to the University

- _____ Outstanding
- _____ Excellent
- _____ Good
- _____ Satisfactory
- _____ Marginal
- _____ Unsatisfactory
- _____ Not Acceptable

Research/Scholarly Activity

- _____ Outstanding
- _____ Excellent
- _____ Good
- _____ Satisfactory
- _____ Marginal
- _____ Unsatisfactory
- _____ Not Applicable

Professional Service/Patient Care

- _____ Outstanding
- _____ Excellent
- _____ Good
- _____ Satisfactory
- _____ Marginal
- _____ Unsatisfactory
- _____ Not Applicable

IV. ADDITIONAL COMMENTS. On separate sheets, detail any additional information which you feel may be of assistance in considering this faculty member for promotion and/or tenure.

V. Checklist

A. A copy of a current curriculum vitae and bibliography is attached.

_____ Yes _____ No

B. All available Annual Faculty Evaluations are attached,

_____ Yes _____ No,

_____ Number attached.

C. Letters of recommendation from peers within the School are attached,

_____ Yes _____ No,

or have been requested

_____ Yes _____ No.

_____ Number requested

D. Letters of recommendation from extramural peers are attached,

_____ Yes _____ No,

or have been requested

_____ Yes _____ No.

_____ Number requested.

E. Written recommendation of departmental personnel committee is attached.

_____ Yes _____ No _____ No Departmental Committee

F. The required outline describing the evaluation procedures and criteria used in evaluating the faculty member is attached.

_____ Yes _____ No

VI. ROUTING OF APPLICATION AND SUPPORTING DOCUMENTS

1. Received in Dean's Office on (Date)_____, by
(Signature)_____.

2. As the applicant for promotion/tenure, I have reviewed the documentation and consider it complete.

(Date)_____, (Signature)_____.

3. Received by Chairman, Personnel Advisory Committee on

(Date)_____, by (Signature)_____.

4. Reviewed by Personnel Advisory Committee on

(Date)_____, by (Signature)_____.

5. Committee recommendation forwarded to Dean on

(Date)_____, by (Signature)_____.

6. Meeting between Dean and chairperson to discuss final recommendation was held on

(Date)_____, by (Signature)_____.

7. Written notification from Dean indicating final recommendation was forwarded to chairperson on

(Date)_____, by (Signature)_____.