

MARSHALL UNIVERSITY
Joan C Edwards School of Medicine (JCESOM)

RECOMMENDATION FOR PROMOTION AND/OR TENURE (using post-2013 guidelines)

I am recommending _____ for:
_____ promotion to _____, and/or _____ 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

_____ School of Medicine Assistant Professor (non-tenure track)
_____ School of Medicine Associate Professor (non-tenure track)

B. Time in current rank at Marshall University JCESOM.

_____ years _____ months.

C. Total time as full-time faculty member at Marshall University JCESOM.

_____ years _____ months

Date of Hire _____

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

Board Certified in _____

Board Eligible in _____

Fellowships _____

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.

- % Education
- % Research/Scholarly Activity
- % Service/Administrative duty 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:

Education

Service to the University

- Level 1*
- Level 2
- Level 3

- Level 1
- Level 2
- Level 3

Research/Scholarly Activity

Professional Service/Patient Care

- Level 1
- Level 2
- Level 3

- Level 1
- Level 2
- Level 3

*Levels are defined in [Promotion and Tenure Regulations document](#)

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

V. Checklist

A. Current curriculum vitae including list of publications is attached.

_____Yes _____No

B. All annual Faculty Evaluations since last promotion are attached,

_____Yes _____No,

_____ Number attached.(If all evaluations are not available, a letter from the chair explaining why they are not available is required.)

C. Letters of recommendation from peers at JCESOM are attached
Associate Professor tenure track need 1
Associate professor non-tenure track need 2,
Professor tenure track need 0
Professor non-tenure track need 1

_____Yes _____No,

or have been requested

_____Yes _____No.

D. Letters of recommendation from peers at other universities are attached
Associate Professor tenure track need 2
Associate Professor non-tenure track need 1
Professor tenure-track need 3
Professor non-tenure track need 2

_____Yes _____No,

or have been requested

_____Yes _____No

E. Written recommendation of departmental personnel committee/representative (or Chair Personnel Advisory Committee if no representative available) 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)_____,(Signature)_____.

4. Reviewed by Personnel Advisory Committee on

(Date)_____, (Signature)_____.

5. Committee recommendation forwarded to Dean on

(Date)_____, (Signature)_____.

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

(Date)_____, (Signature)_____.

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

(Date)_____, (Signature)_____.