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:

<table>
<thead>
<tr>
<th>Teaching/Advising</th>
<th>Service to the University</th>
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<tbody>
<tr>
<td>_____ Outstanding</td>
<td>_____ Outstanding</td>
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<tr>
<td>_____ Excellent</td>
<td>_____ Excellent</td>
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<td>_____ Good</td>
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<td>_____ Satisfactory</td>
<td>_____ Satisfactory</td>
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<td>_____ Marginal</td>
<td>_____ Marginal</td>
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<tr>
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<tr>
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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)__________________.