

MARSHALL UNIVERSITY  
Joan C Edwards School of Medicine (JCESOM)

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

I am recommending \_\_\_\_\_ I am NOT 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?

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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)\_\_\_\_\_.