

MARSHALL UNIVERSITY SCHOOL OF MEDICINE

RECOMMENDATION FOR PROMOTION AND/OR TENURE

I am recommending \_\_\_\_\_ for:

\_\_\_\_\_ promotion to \_\_\_\_\_, \_\_\_\_\_ tenure,

effective July 1, 19\_\_\_\_.

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