

**University of Tennessee Health Science Center**  
**2022 PROMOTION AND TENURE CHECKLIST and**  
**Summary of FINAL PROBATIONARY REVIEW of Tenure-Track Faculty**

**Form 5**

Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Recommended for:  Tenure  Promotion to Rank: \_\_\_\_\_

Tenure Status:  On Tenure Track  Tenured  Not Eligible for Tenure

Tenure Review Date: \_\_\_\_\_  
 Date Tenure Awarded: \_\_\_\_\_  
 Reason Not Eligible: \_\_\_\_\_

Department & Div Chief Name: \_\_\_\_\_ College: \_\_\_\_\_  
 Personnel ID#: \_\_\_\_\_ Highest Degree: \_\_\_\_\_  
 Home Street Address: \_\_\_\_\_  
 Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

First UTHSC Appointment IRIS Date: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Current UTHSC Appointment IRIS Date: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Total # of Years as UTHSC Faculty: \_\_\_\_\_ Total # of Years as Faculty Anywhere: \_\_\_\_\_  
 Years in Present Rank at UTHSC: \_\_\_\_\_ **NOTE: For AFSA Use Only.**

**Committee Votes** **PROMOTION VOTES & METRIC GRID SCORE**

Department <sup>1</sup>	# Yes	_____	# No	_____	# Abstained	_____	# Recused	_____	# Ineligible	_____	Metric Score	_____
College <sup>1</sup>	# Yes	_____	# No	_____	# Abstained	_____	# Recused	_____	# Ineligible	_____	Metric Score	_____

Comments

**Committee Votes** **TENURE VOTES**

Department <sup>1</sup>	# Yes	_____	# No	_____	# Abstained	_____	# Recused	_____	# Ineligible	_____
College <sup>1</sup>	# Yes	_____	# No	_____	# Abstained	_____	# Recused	_____	# Ineligible	_____

Comments

**ATTACHMENTS (in order as below)**

- |   |  |
|---|--|
| <input type="checkbox"/> Dean's Letter (with justification statement required if early promotion and/or tenure)       | <input type="checkbox"/> Current CV (in UTHSC format)  |
| <input type="checkbox"/> College Committee Letter (indicate if dissenting report is to be included)                   | <input type="checkbox"/> Annual Reviews (faculty and evaluator narrative; faculty response, if any). Tenure Rec: all since appt to tenure-track. Promo Rec: all that are relevant to the period related to this promotion (a period generally not longer than five years) for tenured or tenure-track faculty. |
| <input type="checkbox"/> Chair's Letter (with justification statement required if early promotion and/or tenure)      | <input type="checkbox"/> Peer Review of Teaching. Tenure Rec: required. Promo Rec: only if required by college.  |
| <input type="checkbox"/> Department Committee Letter, if applicable (indicate if dissenting report is to be included) | <input type="checkbox"/> Initial Appointment and Reappointment Letters (with salary obscured). Tenure Rec: all since appt to tenure-track.   |
| <input type="checkbox"/> Letters of Evaluation (required # of internal and external by recommendation)                | <input type="checkbox"/> Interim Probationary Review for Tenure (if tenure recommendation)   |

Form Prepared By (type full name) \_\_\_\_\_ Phone # \_\_\_\_\_ Date Prepared \_\_\_\_\_

<sup>1</sup> Indicate number of positive and negative recommendations as well as number of abstentions, recusals, and ineligible to vote committee members. If no departmental or college committee was convened, include reason in the relevant comment box.