

University of Tennessee Health Science Center
2021 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 _____ 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 ¹	# Yes _____	# No _____	# Abstained _____	# Recused _____	# Ineligible _____	Metric Score _____
College ¹	# Yes _____	# No _____	# Abstained _____	# Recused _____	# Ineligible _____	Metric Score _____

Comments

Committee Votes **TENURE VOTES**

Department ¹	# Yes _____	# No _____	# Abstained _____	# Recused _____	# Ineligible _____
College ¹	# 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 for time in rank 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 _____

¹ 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.