

APPOINTMENT/PROMOTION/TENURE RECOMMENDATION FORM

University of Toledo
College of Medicine

Originating Department: _____

Department Chair: _____

Candidate for Appointment/Promotion/Tenure: _____

1. **Recommended Action**

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Appointment | <input type="checkbox"/> Joint Appointment |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Tenure |

2. **Current Faculty Track**

(Check the appropriate box: if not appropriate for new appointments from outside MCO, leave blank.)

- | | |
|--|---|
| <input type="checkbox"/> Academic Basic Scientist | <input type="checkbox"/> Volunteer Clinical |
| <input type="checkbox"/> Research <input type="checkbox"/> Clinical Sciences
Basic Sciences | <input type="checkbox"/> Adjunct |
| <input type="checkbox"/> Clinical Scholar | |
| <input type="checkbox"/> Educator <input type="checkbox"/> Clinical Sciences
Basic Sciences | |
| <input type="checkbox"/> Practitioner | |

3. **Current Faculty Rank** Assistant Professor Associate Professor Professor

4. **Date of Appointment to present rank:** _____

5. **Present Secondary Appointments:** _____

6. **Proposed Faculty Rank:** Associate Professor Professor

7. **Present Tenure Status:** Tenured Not Tenured, Tenure Eligible Not Tenure Eligible

8. **Request for Tenure:** Yes No

9. **Track:** _____
Academic Basic Scientist, Research, Clinical Scholar, Basic Science Educator,
Clinical Educator, Practitioner, Volunteer, Adjunct.

10. **Professionalism:** Personnel file has professionalism letter(s) Yes (see attached) No

(Signature of Department Chair)

(Date)

(Dean's Signature for Approval)

(Date)