College of Medicine & Life Sciences

Request for a Change in Faculty Track Assignment

Upon their arrival at the University of Toledo College of Medicine & Life Sciences, faculty members are assigned to one of the tenured or non-tenured Faculty Tracks based on their individual credentials and the academic activities to be performed. Once this assignment is made, each faculty member is required to meet criteria for promotion and tenure consideration of that faculty track. Faculty may request a change in Track assignment once if their activities or credentials change.

PROCESS:

The Chair of the Department to which the faculty member has primary appointment is required to complete a Request for Change of Faculty Track form, which is signed by both the Chair and the faculty member. The form is available from the Dean’s Office.

Signature acknowledges that the change in Track is acceptable to both individuals and that each individual understands the consequences of such a change. This may involve a change in tenure status (tenured to non-tenured or vice versa) or from a Track not requiring teaching and service activities to a Track that requires both for promotion.

The dual signed form is submitted, together with details supporting the requested change, to the Dean of Medicine & Life Sciences.

The change in Faculty Track requires also the approval and signature of the Dean of the College of Medicine & Life Sciences.

When this process has been completed successfully, the Dean’s Office will notify the Faculty Affair’s Office and the Department’s Chairperson to change the Faculty Track designation in the official records of the candidate.
Request for a Change in Faculty Track Assignment
University of Toledo/Health Science Campus
College of Medicine & Life Sciences

Name: ____________________________________________
Primary Department: ________________________________
Current Faculty Track: ______________________________

Requested New Faculty Track: _________________________

The above named faculty member requests a change in Faculty Track and provides the following supporting details (continue on additional pages if necessary).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Approval of Requested Faculty Track Change:

I acknowledge that I can no longer switch tracks again, and that per the “Faculty Rules and Regulations”, if I am changing from non tenure eligible to a tenure eligible track, the 7 year rule of up or out applies.

_______________________________________
Candidate (type or print name and provide signature)

_______________________________________
Chairperson (type or print name and provide signature)

_______________________________________
Dean, College of Medicine & Life Sciences