### APPOINTMENT/PROMOTION/TENURE RECOMMENDATION FORM

**University of Toledo**  
**College of Medicine**

**Originating Department:** ____________________________________________________________

**Department Chair:** ________________________________________________________________

**Candidate for Appointment/Promotion/Tenure:** _______________________________________

1. **Recommended Action**
   - [ ] Appointment
   - [ ] Joint Appointment
   - [ ] Promotion
   - [ ] Tenure

2. **Current Faculty Track**  
   (Check the appropriate box: if not appropriate for new appointments from outside MCO, leave blank.)
   - [ ] Academic Basic Scientist
   - [ ] Volunteer Clinical
   - [ ] Research
   - [ ] Clinical Sciences
   - [ ] Basic Sciences
   - [ ] Adjunct
   - [ ] Clinical Scholar
   - [ ] Educator
   - [ ] Clinical Sciences
   - [ ] Basic Sciences
   - [ ] 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. **Proposed Track:**
   - Academic Basic Scientist, Research, Clinical Scholar, Basic Science Educator, Clinical Educator, Practitioner, Volunteer, Adjunct.

   ___________________________________________  ___________________________________________
   (Signature of Department Chair)  (Date)

   ___________________________________________  ___________________________________________
   (Dean’s Signature for Approval)  (Date)