Form 5

University of Tennessee Health Science Center 2018 PROMOTION AND TENURE CHECKLIST and Summary of FINAL PROBATIONARY REVIEW of Tenure-Track Faculty

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 Personnel ID# Home Street Address Home City	College Highest Degree Home State Home Zip Code		
First UTHSC Appointment Date Current UTHSC Appointment Date Total # of Years as UTHSC Faculty Years in Present Rank at UTHSC NOTE: For	Rank Rank Total # of Ye AFSA use Only.	ears as Faculty Anywhere	
Committee Votes Departmental¹ # of Yes # of No College¹ # of Yes # of No Comments	# of Abstained # of Abstained # of Abstained	Metric Score Metric Score	
Committee Votes Departmental Committee Votes¹ # of Yes College Committee Votes¹ # of Yes Comments	# of No # of No	# of Abstained # of Abstained	
ATTACHMENTS (in order as below) Dean's Letter (with justification statement required if early promotion &/or Tenure) College Committee Letter (indicate if dissenting report is to be included) Chair's Letter (with justification statement required if early promotion &/or Tenure) Current CV in proper UTHSC format			
Form Prepared By (type full name) Phone # Date Prepared			

¹ Indicate number of positive and negative recommendations as well as number of abstentions. If no departmental or college committee was convened, include reason in the relevant comment box.