## University Committee on Academic Rank and Tenure

## Recommendation of External Reviewer for Evaluation of Tenured or Tenure-Track Faculty

1. **Candidate’s Name (print):** *Click here to enter text.*
2. **Candidate Seeks Promotion to:**

[ ]  **Assistant Professor** [ ]  **Associate Professor** [ ]  **Professor**

[ ]  **Other:** *Click here to enter text.*

1. **Applying for tenure:**

[ ]  **Yes** [ ]  **No**

1. **School / College / Center: *School of Medicine***
2. **Department of Primary Appointment (print):** *Click here to enter text.*
3. **Department Chair Name (print):** *Click here to enter text.*

##########

My knowledge of the candidate’s work is based primarily on (check all applicable items)**:**

[ ]  Publications and C.V.

[ ]  Scientific Presentations

[ ]  Personal knowledge and discussions

[ ]  Participation on review panels, study sections, advisory boards, etc.

*Click here to enter text.* *Click here to enter text.*

Evaluator’s Name (please print) Date

*Click here to enter text.*

Position Title (please print)

*Click here to enter text.*

Affiliation (please print)