**TP2: School Review Committee**

**School:**

**Academic Year:**

**Candidate for Tenure and/or Promotion:**

**The above candidate is being reviewed for:**

[ ]  Tenure/promotion to Associate Professor

[ ]  Promotion to Professor

[ ]  Promotion to Associate Teaching Professor

[ ]  Promotion to Teaching Professor

The Review Committee for the above candidate will consist of:

# List Faculty Members (3 to 5)

|  |  |
| --- | --- |
| **Name** | **Rank** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**School Dean:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

By signing below, I agree to the above indicated composition of the Review Committee for my application for promotion and/or tenure as indicated to the rank selected above.

**Candidate:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Upload completed form to School’s AHR Folder on OneDrive.**

Updated: 5.20.2020