

## **TP 3: UNIT SUB-COMMITTEE RECOMMENDATION**

*Submit this form as a cover sheet to the review committee recommendation*

Candidate's Name: \_\_\_\_\_

Candidate's EID: \_\_\_\_\_

Candidate's School: \_\_\_\_\_

**REVIEW TYPE:** ☐ Mandatory  
☐ Early Non-Mandatory  
☐ Non-Mandatory

Candidate's Dept (if applicable): \_\_\_\_\_

Indicate if Candidate has a: ☐ Joint or ☐ Adjunct Appt. & the School/Unit/Dept: \_\_\_\_\_

**Candidate's Current Rank and Track:**

- ☐ Assistant Professor (tenure-track) .....
- ☐ Assistant Teaching Professor (teaching-track) .....
- ☐ Associate Professor (tenured) .....
- ☐ Associate Teaching Professor (teaching-track) .....

**Candidate has applied for promotion to the rank of:**

- ☐ Associate Professor with Tenure
- ☐ Associate Teaching Professor (teaching-track)
- ☐ Professor (tenured)
- ☐ Teaching Professor (teaching-track)

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### **REVIEW COMMITTEE INFORMATION:**

**Committee Chair:** \_\_\_\_\_ **Home Unit:** \_\_\_\_\_

Committee Members (and their units): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of faculty on committee: _____	Vote Totals: _____ # Affirmative (In-Favor)
Date of Committee Vote: _____	_____ # Negative (Opposed)
	_____ # Abstentions (Vote Withheld)
	_____ # Did not vote (Absent)

**By the above vote<sup>1</sup>, the review committee recommendation is:**

- ☐ Affirmative / In Favor of Promotion to the applied-for rank
- ☐ Negative / Against Promotion to the applied-for rank

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

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<sup>1</sup> Note: a recommendation in-favor of promotion requires a majority (i.e., >50%) of affirmative votes out of the total number of eligible votes