

TP 5: DEAN or CHAIR RECOMMENDATION

Submit this form as a cover sheet to the Unit Leader's 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)

UNIT LEADER INFORMATION:

Reviewer Name: _____	Date Review
Reviewer Title: _____	Completed: _____

The Unit Leader's recommendation is:

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

If the candidate's position is teaching-track, what is the UL's term length recommendation? *Please include an addendum to the UL's recommendation memo explaining suggested term length and any faculty consultation.*

_____ # of Years Dates: September 16, 20____ to June 15, 20____

Name of person completing this form: _____ Date: _____

Enclosures: *Dean or Chair's independent evaluation and recommendation memo; if teaching-track, include an addendum that provides justification for the unit leader's recommended term length.*