Affiliated Faculty - ARP Form

EVALUATION FOR APPOINTMENT, REAPPOINTMENT OR PROMOTION

1. NAME OF FACULTY MEMBER: ____________________________________________

2. PRIMARY ACADEMIC DEPARTMENT _______________________________________
   a) secondary Academic Department (if applicable) __________________________

3. RECOMMENDING DEPARTMENT: _________________________________________

4. ACTION RECOMMENDED:
   new appointment ___       reappointment ___       promotion ___       termination ___

5. PRESENT RANK: Instructor ________
   (leave blank if new appointment) Assistant Professor ______
   Associate Professor ______
   Professor ______

6. RECOMMENDED RANK: Instructor ________
   (leave blank if only reappointment is recommended) Assistant Professor ______
   Associate Professor ______
   Professor ______

7. TOTAL VOTE BY DEPARTMENT FACULTY OR FACULTY COMMITTEE: (fill in only where applicable)
   _____ appoint ______ do not appoint _____ abstain ______ absent
   _____ reappoint _____ do not reappoint _____ abstain ______ absent
   _____ promote _____ do not promote _____ abstain ______ absent

8. RECOMMENDATION OF CHAIR: (use additional pages as necessary); guidelines include:
   a) present and expected future role(s) of the candidate:
   b) justification for recommendation based on Department standards for performance and contribution;
   c) approvals or concerns expressed by the Department faculty and/or advisory committee
   d) Chair’s statement(s) and specific recommendation:

   .

9. SIGNATURE OF CHAIR: ____________________________       date ____________
Affiliated Faculty

CHECKLIST FOR (1) APPOINTMENT, (2) REAPPOINTMENT OR (3) PROMOTION

_____ 1. Evaluation for Appointment, Reappointment or Promotion Form with Department/Chair Recommendations and Vote (required for 1,2,3)

_____ 2. Candidate’s curriculum vitae (required for 1,2,3)

_____ 3. Copy of candidate’s current professional license (if applicable) - (required for 1,2,3)

_____ 4. Affiliated Professor only: At least two letters from external or internal referees for new appointment or promotion to Affiliated Professor.

   _____ 4a. Chair’s explanation of the relationship of referees to candidate (see above)

   _____ 4b. Chair’s assessment of the stature and qualifications of each referee

   _____ 4c. Copies of Chair’s letters soliciting reviews from the referees

_____ 5. Candidate’s written career assessment (optional for 1,2,3)

_____ 6. List of Materials submitted by candidate supporting his/her candidacy for appointment, reappointment or promotion.

_____ 7. List of materials provided by Department supporting its recommendation on appointment, reappointment or promotion

_____ 8. Personnel Data Form (PDF) (required for 1,2,3)

_____ 9. HIPAA Acknowledgement Form