

Recommendation to Personnel & Honors Committee of the School of Public Health & Tropical Medicine

Type of Action

- | | | | |
|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Regular (FT) | <input type="checkbox"/> Special (PT) | <input type="checkbox"/> New | <input type="checkbox"/> Academic Year (9 mo) |
| <input type="checkbox"/> Tenure Track | <input type="checkbox"/> Clinical | <input type="checkbox"/> Reappointment | <input type="checkbox"/> Calendar Year (12 mo) |
| <input type="checkbox"/> Tenure | <input type="checkbox"/> Research | <input type="checkbox"/> Change of Status | |
| | <input type="checkbox"/> Adjunct | <input type="checkbox"/> Track | |
| <input type="checkbox"/> Special (FT) | <input type="checkbox"/> Preceptor | <input type="checkbox"/> Promotion | |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Visiting | <input type="checkbox"/> Tenure | |
| <input type="checkbox"/> Research | | <input type="checkbox"/> Emeritus | |
| <input type="checkbox"/> Fixed Term | | | |
| <input type="checkbox"/> Visiting | | | |

Official Transcript Requested/Received
 Yes No

Name _____ Highest Degree Earned _____
 Address _____

Present or Proposed SPHTM Appointment

Proposed Change to SPHTM Appointment

Title	
Full-time Part-time %	
Salaried yes no	
Department	
Effective Date of Appointment or Proposed Change	
From:	Through:

Remarks:

Head of Department

Date

Approved by Dean Pierre Buekens

Date

Approved by Provost Michael Bernstein

Date

Attach all required documents.

Personnel and Honors Checklist:

Reappointments (No change of status)

All tracks (except non-salaried adjunct) _____ Recommendation form
(Salaried adjunct appointments must be reappointed using the Personnel & Honors form.)

Adjunct reappointments _____ Memo from Chair (Three-year terms)

New Appointments*

_____ Recommendation form & the following:
Instructor _____ C.V.
Assistant Professor _____ C.V. (3 year academic plan for tenure track appts)
Associate Professor _____ C.V.
Associate Professor with Tenure _____ C.V.
_____ Minimum 5 letters of Recommendation
Professor _____ C.V.
_____ Minimum 6 letters of Recommendation

Promotion

_____ Recommendation form
_____ C.V.
These 4 items apply to **all promotions**: _____ Candidate's Statement
_____ Letter of Recommendation from Chair

These additional 4 items are required for _____
_____ List of reviewers from candidate (minimum 6)
_____ List of reviewers from chair/dean (minimum 6)
Promotion to Associate Professor (Total of 5 letters of recommendation required)
with tenure ** _____ Reprints of articles (at least 3)
Tenure _____ Complete binder documenting all criteria
Promotion to Professor** _____ (Total of 6 letters of recommendation required for promotion to professor)

Third Year Review _____ Recommendation form
_____ Letter of Recommendation from Chair
_____ C.V.
_____ Complete binder documenting all criteria

*For new hires, a certified transcript should be requested at this point so that it is on file when the faculty member begins work. Three year academic plans are required for assistant professor tenure track appointments.

**Five external letters are required for promotion to associate professor with tenure; six external letters are required for promotion to professor.