

PROMOTION/TENURE PACKET CHECKLIST

Office of Faculty Affairs

Faculty Name/Degree: _____ Dept./Div.: _____

Current Rank: Instructor Assistant Professor Associate Professor Professor

Current Track: non-tenure clinical track non-tenure research track non-tenure instruction track
 tenure track without tenure previously granted tenure

Proposed Rank: Assistant Professor Associate Professor Professor

Proposed Track: **A** non-tenure clinical track **B** non-tenure research track **C** non-tenure instruction track
D tenure track without tenure **E** and tenure **F** award of tenure only

If **D, E, or F** is checked, choose one: clinician/educator pathway scientist/educator pathway

Part-time Current Rank _____ % Proposed Rank _____

Is the faculty on a Visa?: _____ If Yes, OIA needs to be notified.

(for promotion from Instructor to Assistant Professor, only include #1, #4, and #6 below.)

- 1. Is there a letter from the department chair addressed to the Dean stating the intended title, track, and pathway in the first paragraph with evidence of department review?
For non-tenure clinical track promotions, the letter should also corroborate the candidate's narrative for the level of achievement in the 4 domains (clinical, scholarly, teaching, and service/administrative activities).
- 2. Are there 3 internal (UTHealth) reference letters outside the candidate's dept. at the same rank or higher than that proposed for the candidate?
- 3. Is there a listing of 6 external references at the same rank or higher than that proposed for the candidate?
- 4. Is the CV in the UT format?
- 5. Is a Promotion Narrative included (this is a required document-maximum 6 pages)? If non-tenure clinical, this document should be scored.
- 6. Has the Criminal Background Check been requested? Send an email to (gadm-hrfacultycbcreqmail@uth.tmc.edu) requesting a background check for "Promotion", include the employee's ID number.
Clearance date _____.

Faculty Initials: _____ I confirm that the above rank/track/pathway are correct. Date: _____

DMO Initials: _____ I confirm that the above rank/track/pathway are correct. Date: _____

Department Contact: _____ Phone: _____ Email: _____

Comments/notes to Faculty Affairs: _____