

PROMOTION/TENURE ACTION SUMMARY FORM

Revised September 22, 2016

Academic Year _____ - _____

Faculty Member Name: _____
Last First Middle Initial

Terminal Degree: _____ Faculty I.D. Number: _____

Faculty Candidate's Home Address: _____
(Street)
E-Mail Address: _____
(City) (State) (Zip)

Check applicable actions(s) recommended and provide information requested in corresponding sections.

- Faculty Promotion to Associate Professor
- Faculty Promotion to Professor
- Other Rank Change to _____
- Award of Tenure

Candidate's Signature _____ Date: _____

Directions: This section to be completed by appropriate school contact person.

School's Contact for Questions Related to this Request _____
Printed Name E-Mail Address Campus Phone #

Candidate's Primary Faculty Appointment Resides in _____
School/College/Library Department

Original UAB Hire Date: _____ Initial Date of Appointment to Faculty Status: _____

Current Academic Rank: _____ Date Appointed to Current Rank: _____

Current Tenure Status (Select one and include date, if applicable):

Non-tenure earning: _____ Tenure Earning: _____ Tenured: _____

Date tenure awarded: _____ Date appointed to tenure track: _____
(if applicable) (if applicable)

Number of years with active faculty rank at other institutions of higher education: _____

Accompanying Documentation

Please verify that all supporting materials with the headings listed below have been submitted. All other supporting documentation should be maintained within the school. Organize and attach supporting materials as follows:

1. Cover Sheet: *UAB Faculty Promotion/Tenure Action Summary Form*, Revised September 22, 2016
2. Copy of the department's and school's promotion and tenure guidelines
3. Current curriculum vitae
4. Departmental, chair's, school-wide, and dean's recommendation reports/letters
5. Evidence of teaching effectiveness
6. Additional evidence of research productivity not reflected in the vitae
7. Additional service activities (internal and external to UAB) not reflected in the vitae
8. Letters from reviewers external to UAB (minimum of three)
9. Chair's annual reviews and pre-tenure and/or pre-promotion departmental/school reviews

Promotion and/or Tenure Procedures

Name of Faculty Member: _____

Only the documentation requested should be submitted to the Provost's Office. It is anticipated that the requested materials will easily fit in a standard one- or two-inch three-ring binder.

In all cases, except the Dean's and Department Chair's recommendations, provide the number vote.

- Record the vote of full-time regular faculty.
- For promotion, only faculty members at the proposed rank or above vote.
- For tenure, report only the vote of tenured faculty members.
- If a particular vote or report does not apply, fill in N/A.

<u>Promotion to Rank of:</u> _____										
Departmental Committee	#For	<input type="checkbox"/>	#Against	<input type="checkbox"/>	#Abstain	<input type="checkbox"/>	#Absent	<input type="checkbox"/>	Report Attached?	<input type="checkbox"/>
Department Chair	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report Attached?	<input type="checkbox"/>
School/College/Library Committee	#For	<input type="checkbox"/>	#Against	<input type="checkbox"/>	#Abstain	<input type="checkbox"/>	#Absent	<input type="checkbox"/>	Report Attached?	<input type="checkbox"/>
Dean _____	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report Attached?	<input type="checkbox"/>
Dean _____	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report Attached?	<input type="checkbox"/>

<u>Award of Tenure (if applicable)</u>										
Departmental Committee	#For	<input type="checkbox"/>	#Against	<input type="checkbox"/>	#Abstain	<input type="checkbox"/>	#Absent	<input type="checkbox"/>	Report Attached?	<input type="checkbox"/>
Department Chair	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report Attached?	<input type="checkbox"/>
School/College/Library Committee	#For	<input type="checkbox"/>	#Against	<input type="checkbox"/>	#Abstain	<input type="checkbox"/>	#Absent	<input type="checkbox"/>	Report Attached?	<input type="checkbox"/>
Dean _____	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report Attached?	<input type="checkbox"/>
Dean _____	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report Attached?	<input type="checkbox"/>

Administrative Signatures

Name of Faculty Member: _____

Recommendation of the Departmental Promotions and Tenure Committee Chair:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the Department Chair:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the School Promotion and Tenure Committee:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the Dean:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the Dean (Academic Joint Departments):

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the Provost:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____