

PROMOTION/TENURE ACTION SUMMARY FORM**Revised: May 2011**

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 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: _____
(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: May 2011
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

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

Procedure to Date**Name of Faculty Member:** _____

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.

Promotion to Rank of: _____

Departmental Committee	#For		#Against		#Abstain		#Absent		Report Attached?	
Department Chair	For		Against						Report Attached?	
School Committee	#For		#Against		#Abstain		#Absent		Report Attached?	
Dean, School of _____	For		Against						Report Attached?	
Dean, School of _____	For		Against						Report Attached?	

Award of Tenure (if applicable)

Departmental Committee	#For		#Against		#Abstain		#Absent		Report Attached?	
Department Chair	For		Against						Report Attached?	
School Committee	#For		#Against		#Abstain		#Absent		Report Attached?	
Dean, School of _____	For		Against						Report Attached?	
Dean, School of _____	For		Against						Report Attached?	

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 (Medicine/Dentistry):

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 _____