## University Committee on Academic Rank and Tenure

## Recommendation of External Reviewer for Evaluation of Non-Tenure-Track Faculty

1. **Candidate’s Name (print):** *Click here to enter text.*
2. **Candidate Seeks Promotion to:**

**Assistant Professor  Associate Professor  Professor**

**Other:** *Click here to enter text.*

1. **School / College / Center: *School of Medicine***
2. **Department of Primary Appointment (print):** *Click here to enter text.*
3. **Department Chair Name (print):** *Click here to enter text.*

##########

My knowledge of the candidate’s work is based primarily on (check all applicable items)**:**

Publications and C.V.

Scientific Presentations

Personal knowledge and discussions

Participation on review panels, study sections, advisory boards, etc.

*Click here to enter text.* *Click here to enter text.*

Evaluator’s Name (please print) Date

*Click here to enter text.*

Position Title (please print)

*Click here to enter text.*

Affiliation (please print)