

**RECORD OF REVIEW FOR PROMOTION IN ACADEMIC RANK-TENURE-REAPPOINTMENT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

OSU EmplID \_\_\_\_\_ College \_\_\_\_\_ Campus \_\_\_\_\_

TIU \_\_\_\_\_ TIU Org # \_\_\_\_\_

U.S. Citizen or National  Permanent Resident ("green card")  Asylee\Refugee status granted

Temporary Work Authorization (e.g., H-1b, O-1, OPT, etc.) valid until \_\_\_\_\_ (expir. date)

**If Temporary Work Authorization —include copy of MOU.** Note: permanent residence card ("green card") is not temporary work authorization even if it has an expiration date.

Other \_\_\_\_\_

100% FTE  Joint appointment (List below)

TIU Name	FTE
_____	_____
_____	_____
_____	_____

**FACULTY APPOINTMENT**  Tenure-track  Clinical  Research

**ASSOCIATED**  Tenure title under 50% FTE  Adjunct  Clinical Practice

**PROPOSED ACTION CONSIDERED**

- |  |  |
|--|--|
| <input type="checkbox"/> Reappoint only* | <input type="checkbox"/> Promotion and reappoint*    |
| <input type="checkbox"/> Tenure only     | <input type="checkbox"/> Promotion and tenure        |
| <input type="checkbox"/> Promotion only  | <input type="checkbox"/> 4 <sup>th</sup> Year Review |

**NEW RANK IF PROMOTION ACTION IS APPROVED**  Professor  Associate Professor

\*For reappointments (with or without promotion) reappointment length (years) \_\_\_\_\_

Date of initial faculty appointment in current appointment at Ohio State \_\_\_\_\_

Date of last reappointment (clinical/research appointments only) \_\_\_\_\_

Years prior service credit \_\_\_\_\_ Years excluded \_\_\_\_\_ (probationary tenure-track only)

Last **approved** P&T action \_\_\_\_\_ Effective date \_\_\_\_\_

Last **non-approved** P&T action \_\_\_\_\_ Review year \_\_\_\_\_

**RECOMMEND DO NOT RECOMMEND**

Regional Campus Dean	<input type="checkbox"/>	<input type="checkbox"/>	_____
TIU Head (Chair/Director)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dean	<input type="checkbox"/>	<input type="checkbox"/>	_____