

**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       Foreign national with permanent resident status ("green card")—**copy attached**
- Applied for permanent residency on \_\_\_\_\_ (Form I-485 receipt date)—**copy attached**
- H-1B Temporary Worker Visa valid until \_\_\_\_\_ (expir. date)—**copy of approval notice attached**
- Other—**copies of immigration documents attached**
- 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

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"/>	_____