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

☐ Reappoint only* ☐ Promotion and reappoint*

☐ Tenure only ☐ Promotion and tenure

☐ Promotion only ☐ 4th 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	☐	☐	_____
TIU Head (Chair/Director)	☐	☐	_____
Dean	☐	☐	_____