

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 th 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"/>	_____