

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