

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE
PRESENT ACADEMIC YEAR: 2017-2018 (Review Year 2016-2017)

Name _____	Highest Degree _____
Department _____	Campus Location _____
Present Rank _____	Joint Appointment _____
Date of Initial Appt. _____	Date of Last Promotion _____
Appointment: 12 mo. _____ 9mo. _____	Faculty Track _____

DEPARTMENT COMMITTEE RECOMMENDATION (Attach Statement)

Recommendations must be signed and dated by each member of the committee.

	For	Against
_____ Continue Appointment at rank of _____	_____	_____
_____ Terminate Appointment as of _____	_____	_____
_____ Promote to _____	_____	_____
_____ Grant Tenure as of _____	_____	_____
_____ Grant Emeritus Status _____	_____	_____

CHAIRPERSON RECOMMENDATION (Attach Statement)

_____ Continue Appointment at rank of _____
_____ Terminate Appointment as of _____
_____ Promote to _____
_____ Grant Tenure as of _____
_____ Grant Emeritus Status _____

Faculty Member Notified On _____

Signature _____

COLLEGE COMMITTEE RECOMMENDATION (Attach Statement)

Recommendations must be signed and dated by each member of the committee.

	For	Against
_____ Continue Appointment at rank of _____	_____	_____
_____ Terminate Appointment as of _____	_____	_____
_____ Promote to _____	_____	_____
_____ Grant Tenure as of _____	_____	_____
_____ Grant Emeritus Status _____	_____	_____

DEAN RECOMMENDATION (Attach Statement)

_____ Continue Appointment at rank of _____
_____ Terminate Appointment-Notice of Termination Sent _____ (Attach Copy)
_____ Promote to _____
_____ Grant Tenure as of _____
_____ Grant Emeritus Status _____

Faculty Member Notified On _____

ADVISORY PANEL REVIEW (Attach Statement-Option)

Review completed, advice forwarded to Vice President.

Date: _____

PROVOST DECISION

_____ Continue Appointment at rank of _____
_____ Terminate Appointment as of _____
_____ Promote to _____
_____ Grant Tenure as of _____
_____ Grant Emeritus Status _____

REGIONAL DEAN'S ATTESTATION

I attest that I have reviewed this evaluation file for accuracy and completeness and have determined that all West Virginia University School of Medicine policies and procedures have been followed.

Signature: _____ Date: _____

Regional Dean for West Virginia University School of Medicine (Charleston, Eastern Division)