

SOM PROMOTION/TENURE ACTION SUMMARY FORM

Academic Year _____ - _____

Faculty Member Name: _____
Last First Middle Initial

Terminal Degree: _____ **Employee Identification Number:** _____

Faculty Candidate's Home Address: _____
(Street)

(City) (State) (Zip) **E-Mail Address:** _____

Check applicable action(s) recommended and provide information in corresponding sections

Faculty Promotion to Associate Professor Faculty Promotion to Professor
Other Rank Change to _____ Award of Tenure

Candidate's Signature: _____ **Date:** _____

Department's Contact for Questions Related to this Request:

Printed Name E-Mail Address Campus Phone #

Candidate's Primary Faculty Appointment Resides in: Medicine
School Department

Original Service Date: _____ **Initial Date of Appointment to Faculty Status:** _____

Current Academic Rank: _____ **Date Appointed to Current Rank:** _____

Current Tenure Status (Select one and include date, if applicable):

Non-tenure earning: Tenure-earning: Tenured:

Date appointed to Tenure track: _____ Date Tenure Awarded: _____
(If applicable) (If applicable)

Number of years appointed at current faculty rank at institutions other than UAB: _____

Area(s) of Excellence (choose ONLY ONE for Non-tenure, ONLY TWO for Tenure-earning and Tenured)

Service Research Teaching