**School of Medicine Promotion & Tenure Department Review Form**

**Candidate Information**

Name X

Department X

Joint or Secondary X

Appointments

Current rank and track X

Proposed rank X

Year in rank X

**Department P&T vote:**

In favor:\_\_\_

Against:\_\_\_

Abstain:\_\_\_

Date of vote:

Department committee members present for vote (with rank at or higher than that requested by candidate):

**Employment** (Previous faculty level or equivalent positions: rank, institution and years):

Requirements for this promotion: XXX

**Areas of Excellence**

For each of the relevant domains, evaluate the evidence for excellence. Provide your analyses of the strengths and weaknesses of the case pointing out major contributions, significance, impact, productivity, and outcomes. Please refer to criteria for each track to provide examples of activities that demonstrate excellence.

*There is no need to reproduce the CV.*

**Clinical**:

**Education** (refer to education portfolio):

**Research** (Include assessments about funding, publications, intellectual property, and future directions):

**Scholarship**

Briefly summarize significance and impact of scholarship, including contributions to team science:

**Reputation** (briefly summarize evidence for local, regional, national and/or international levels; emerging or established pointing out the strengths and weaknesses):

**Referee Letters**

Number of independent (at arm’s length) letters:

Significant quotes from independent reviewers (please identify the referee):

Significant quotes from non-independent reviewers:

Address any negative letters or critical comments and how the letters influence your recommendation:

**Service for Dept, SOM/HSC, UVA, regional/state, national, international** (indicate leadership roles):

**Summary of evaluation, including rationale for the recommendation, addressing of any negative votes, and other comments**:

**Recommendations for next P&T action**: