



Review Sheet for Major Faculty Actions for CMSRU Faculty Promotion

Name: _____

School: CMSRU Department/Division: _____

Current Faculty Title: _____ Tenure Status: [] Tenured [] Tenure Track [] Non Tenure

Current Administrative Title (if any): _____

No. of Years in Current Rank: _____ No. of Years on Tenure Track (for award of tenure only): _____

Action(s) Proposed (check all that apply): [] Change to Tenure Track [] Award of Tenure (Current Faculty) [] Promotion [] Joint Appointment [] Emeritus Professor

Proposed Title(s): _____

Designation: [] Academic Investigator (AI) [] Clinician Investigator (CI) [] Clinician Educator (CE) [] Academic Educator (AE)

Major Teaching Duties:

Major Clinical Duties:

Major Service Activities:

Major Research Scholarship Activities:

External Funding as Principal Investigator:

Table with 3 columns: Funding Source, Current, Total (started within the past 5 years). Rows include Federally-funded, Industry-funded clinical trials, and Other.

External Funding as Co-Principal Investigator (Optional):

No. _____ Direct amt. \$ _____ No. _____ Direct amt. \$ _____

Lifetime Publications:

Peer-Reviewed Journals: No. of original papers: _____ No. of original papers as a principal author*: _____ No. of review articles: _____ No. of editorials, other invited articles: _____ No. of books: _____ No. of book chapters: _____

Other Accomplishments, Honors, Awards, etc.:

Chair's Name _____ Chair's Signature _____ Date _____

*First, last, or corresponding author