

TENURE AND/OR PROMOTION

Candidate's Referee Form

CANDIDATE INFORMATION		
Last Name:	First Name:	Degree:
Current Rank:	Applying For: Promotion: Yes ___ No ___	Tenure: Yes ___ No ___

REFEREE GUIDANCE
<ul style="list-style-type: none"> Submit this form to your department chair and the Office of Faculty Affairs with the names of at least five (5) academic clinicians, educators, and/or investigators not employed by Texas Tech University Health Sciences Center El Paso or the Paul L. Foster School of Medicine who can be contacted for letters of reference. If the candidate does not know five (5) colleagues at other academic institutions, the department chair along with the candidate can identify academicians at other institutions and ask them to evaluate the candidate's application for tenure and/or promotion using the appropriate criteria as specified in the PLFSOM Guidelines for Faculty Appointment. Candidates should not contact the referees to solicit their own letters. It is the responsibility of the department chair or designee to contact the referees to request the letters to be sent directly to the Department Chair. Referees must currently hold an academic rank higher than the candidate. If applying for tenure, the referees must be tenured at their own institution. It is preferable that the preponderance of letters should be from referees who are arms-length (no close relationships or connections) from the candidate to increase the likelihood of an objective assessment. Three (3) letters of reference must be received no later than the deadline specified on the timeline to complete the application packet.

CANDIDATE'S REFEREES			
1	Referee Name:	Degree:	Academic Rank or Title:
	Email address:		Tenure Status*:
	Relationship to candidate:		Institution:
	Mailing address:		
2	Referee Name:	Degree:	Academic Rank or Title:
	Email address:		Tenure Status*:
	Relationship to candidate:		Institution:
	Mailing address:		
3	Referee Name:	Degree:	Academic Rank or Title:
	Email address:		Tenure Status*:
	Relationship to candidate:		Institution:
	Mailing address:		
4	Referee Name:	Degree:	Academic Rank or Title:
	Email address:		Tenure Status*:
	Relationship to candidate:		Institution:
	Mailing address:		
5	Referee Name:	Degree:	Academic Rank or Title:
	Email address:		Tenure Status*:
	Relationship to candidate:		Institution:
	Mailing address:		

I have confirmed that the above-named referees meet the criteria stated in the PLFSOM Procedures for Promotion (p. 1, §3) and/or Tenure (p. 1, §3).

Signature of Applicant

Date

**Tenure status required for tenure candidates only*