

CHECKLIST OF DOCUMENTS FOR PROMOTIONS AND/OR ADVANCEMENTS

Name: _____ Department: _____

See [The CALL](#) for details on how to complete these required parts of the review.

- ☐ A. Checklist of Documents in File
- ☐ B. Signed Procedural Safeguards Statement
- ☐ C. Signed Candidate Statement for Conflict of Commitment
- ☐ D. Department Chair's Letter *(optional) (confidential)*
- ☐ E.¹ Departmental Recommendation Letter *(must include vote)*
- ☐ F.¹ Minority Report *(if applicable)*
- ☐ G.¹ Candidate's response to the Departmental Recommendation Letter *(optional)*
- ☐ H.¹ Candidate's Self-Statement *(optional but strongly encouraged)*
- ☐ I. Candidate's Response to material in the file *(optional)*
- ☐ J.² Extramural Letters (required for promotions) Include letters of declination and count in total number.
Include the following:
 - ☐ Solicitation Letter
 - ☐ List of extramural reviewers. Indicate those suggested by department, by candidate as well as a brief statement regarding academic standing of each letter writer
 - ☐ The packet of information sent to extramural referees, if different from the documents submitted as part of the file. Please include CV sent to extramural reviewers.
- ☐ K.² Student Letters Evaluating Teaching *(required if non-confidential teaching evaluations are not provided)*
 - ☐ Solicitation letter or statement as to how obtained
- ☐ L. Current Bibliography of Publications/Creative Activity
- ☐ M. Bibliography at Last Advance
- ☐ N. Difference List with items to be credited since last advance
 - ☐ Difference List Cover Sheet *(optional)*
- ☐ O.³ Professional Activity and Service *(not applicable for SOE Series)*
- ☐ P.⁵ Professional Achievement and Service *(PSOE to LSOE since appointment; LSOE to Sr. LSOE since advancement)*
- ☐ Q.³ University and Public Service
- ☐ R.³ Grant Activity
- ☐ S.⁴ Teaching Information Form
- ☐ T.⁴ Student Evaluation of Teaching
- ☐ U.⁵ Classroom Observations *(PSOE to SOE since appointment; LSOE to Sr. LSOE since advancement)*
- ☐ V. Letters from Other Departments/ Programs/ Institutes/ Centers *(optional)*
- ☐ W. Other - Confidential *(specify item(s) below):*

- ☐ X. Other - Non-confidential *(specify item(s) below):*

¹ See [The CALL](#) for page limitations

² Indicate # included

³ See [The CALL](#) for period of review. For SOE Series, PSOE to LSOE since appointment; LSOE to Sr. LSOE since advancement.

⁴ Include activity/evaluation for the previous nine quarters. For SOE Series, PSOE to LSOE since appointment; if LSOE to Sr. LSOE since advancement

⁵ For Lecturer with Security of Employment Series only

FILE TRACKING

Description	Date	Initials	Comments
File received in Dean's Office			
File received in APO			
File sent to CAP			
Final decision received in APO			
Announcement date			

Additional Remarks (if applicable): Attach a separate sheet