

Attachment C-1A

CHECKLIST OF DOCUMENTS FOR APPRAISALS (NON-SENATE HEALTH SCIENCES ASSISTANT CLINICAL PROFESSOR SERIES)

Name: _____ Department: _____

Submit original:

- A. Checklist of Documents in File
- B. Signed Procedural Safeguards Statement
- C. Chair's Letter (optional) (confidential)
- D. Departmental letter (must include vote)
- E. Candidate's Response to department letter (optional)
- F. Candidate's Self-Statement (optional but strongly encouraged)
- G. Candidate's Response to material in the file (optional)
- ** H. Student Letters Evaluating Teaching (required if non-confidential teaching evaluations are not provided)
 - Solicitation letter or statement as to how obtained
- I. Updated Curriculum Vitae – with publications and/or creative activity since appointment at UCR clearly indicated.
- J. List of Professional Activity and Service (since appointment, include the current year)
- K. List of University/Public Service (since appointment, include the current year)
- L. Grant Activity (if applicable, since appointment, include the current year)
- M. Student Evaluation of Teaching – (include evaluations since time of appointment to the Assistant Rank within the UC system)
- N. Other- Confidential (specify item(s) below):

- O. Other- Non-Confidential (specify item(s) below)

** = Indicate # included

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File Tracking

_____ file sent to Dean's office – **Deans Delegate Action**

Dept Chair initial & date