

CHECKLIST OF DOCUMENTS FOR APPRAISALS – NON SENATE HEALTH SCIENCES ASSISTANT CLINICAL PROFESSOR SERIES

Name: _____ Department: _____

Consult SOM for details on how to complete these required parts of the review.

- A. Checklist of Documents in File
- B. Signed Procedural Safeguards Statement
- C. Department Chair's Letter *(optional) (confidential)*
- D. Departmental Recommendation Letter *(must include vote)*
- E. Candidate's response to the Departmental Recommendation 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)*
- J. Professional Activity and Service *(since Appointment, include the current year)*
- K. University and 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):*

FILE TRACKING

Description	Date	Initials	Comments

Additional Remarks (if applicable): Attach a separate sheet