

Final decision received in APO

	C.	HECKLIST OI	F DOCUM	ENTS FO	OR PROMOTIONS AND/OR ADVANCEMENTS				
Name:					Department:				
	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 b statement regarding academic standing of each letter writer     The packet of information sent to extramural referees, if different from the documents submitted 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. N.	Bibliography at Last Advance Difference List with items to be credited since last advance Difference List Cover Sheet (optional) Professional Activity and Service (not applicable for SOE Series) Professional Achievement and Service (PSOE to LSOE since appointment; LSOE to Sr. LSOE since advancement) University and Public Service Grant Activity Teaching Information Form Student Evaluation of Teaching Classroom Observations (PSOE to SOE since appointment; LSOE to Sr. LSOE since advancement) Letters from Other Departments/ Programs/ Institutes/ Centers (optional) Mentorship Statement (Optional) Department Research and Creative Work Statement (Required) Covid-Impact Statement (Optional) Other - Confidential (specify item(s) below):							
	P. <sup>5</sup> Q. <sup>3</sup> R. <sup>3</sup> S. <sup>4</sup> T. <sup>4</sup> U. <sup>5</sup> V. W. X. Y.								
<ul> <li>Indicate # i</li> <li>See The Ca</li> <li>Include act since advantage</li> </ul>	ALL for ivity/e	or page limitations  ed  or period of review  valuation for the p	v. For SOE Sprevious nine	Series, PSO e quarters. I	Eto LSOE since appointment; LSOE to Sr. LSOE since advancement.  For SOE Series, PSOE to LSOE since appointment; if LSOE to Sr. LSOE				
FILE TRACKING									
Descriptio	n		Date	Initials	Comments				
File receiv	ed in l	Dean's Office							
File receiv	ed in A	APO							
File sent to CAP									



The CALL 2022-23AY



Announcement date		

Additional Remarks (if applicable): Attach a separate sheet