

CHECKLIST OF DOCUMENTS FOR APPRAISALS

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 Student Letters Evaluating Teaching *(required if non-confidential teaching evaluations are not provided)*
 - Solicitation letter or statement as to how obtained
- K.³ Current Bibliography of Publications/Creative Activity
- L.³ Professional Activity and Service *(not applicable for SOE Series)*
- M.³ Professional Achievement and Service *(for SOE Series only)*
- N.³ University and Public Service
- O.³ Grant Activity
- P.⁴ Teaching Information Form
- Q.⁴ Student Evaluation of Teaching
- R. Letters from Other Departments/ Programs/ Institutes/ Centers *(optional)*
- S. Mentorship statement *(Optional)*
- T. Department Research and Creative Work Statement *(Required)*
- U. Covid-Impact Statement *(Optional)*
- V. Other - Confidential *(specify item(s) below):*

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

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

² Indicate # included

³ Since appointment, include the current year

⁴ Include activity and evaluations` for the previous nine quarters

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