**TRANSMITTAL FORM**

**REQUEST FOR PROMOTION and/or TENURE**

Candidate:

Address:

Current rank, title and date of appointment: *If unsure, verify with the Dean’s Office or Office of Faculty Affairs*

Date and rank of previous MUSM appointments: *If unsure, verify with the Dean’s Office or Office of Faculty Affairs*

Joint Appointment (if so, include the department and the date of appointment):

|  |  |  |
| --- | --- | --- |
| **Check one of the following:**  |  | **Campus/Location** |
|  | Promotion to Assistant Professor |  |  | Atlanta |
|   | Promotion to Associate Professor |  |  | Columbus |
|  | Promotion to Associate Professor with Tenure Final year candidate must apply for Tenure\_\_\_\_\_\_\_ |  |  | Macon |
|  | Promotion to Full Professor |  |  | Savannah |
|  | Tenure Only Application Final year candidate must apply for tenure \_\_\_\_\_\_\_ |  |  | Other: Specify |
|  | Emeritus/Emerita |  |  |  |

Please specify the areas of contribution to the mission of Mercer University School of Medicine by placing a “1” in the appropriate box(es) of primary contributions; and a “2” in the appropriate box(es) of secondary contributions:

|  |  |
| --- | --- |
|  | Teaching, including educational administration |
|  |  Scholarship/Research/Creative Endeavors |
|  |  Administration  |
|  |  Clinical Practice |

Indicate the candidate’s current faculty appointment status with Mercer University School of Medicine:

|  |  |  |
| --- | --- | --- |
| **Full time** | **Part time** | **Volunteer** |
|  |  |  |

Indicate the candidate’s current track with Mercer University School of Medicine:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tenure** | **Medical****Educator**  | **Clinical****Educator** | **Clinical Scholar** | **Clinical****Faculty** | **Administrator** | **Research** | **Library** |
|  |  |  |  |  |  |  |  |

**Summary of Work Load Distribution:**

Full time and Part time Faculty should complete the following table: (Note: Several of the categories have changed slightly over the last few years; apply the percentages in the most logical manner)

1. **FULL-TIME, MERCER SALARIED FACULTY**: Enter the usual percentage allocation of time devoted to teaching, scholarly activity, clinical practice, administration, and service. Base the percentages on those in the Professional Development Plan or letter of appointment. Explain any variation in percentages in the last five years and any differences in percentages due to appointment change, grants, leave, administrative duties, etc.
2. **FULL-TIME FACULTY NOT EMPLOYED BY MUSM (CLINICAL AFFILIATE FACULTY)**: Enter the usual percentage allocation of time devoted to teaching, scholarly activity, clinical practice, administration, and service. Estimate these percentages, but they should total 100%.
3. **PART-TIME AND VOLUNTEER FACULTY**: Estimate the usual percentage allocation of time devoted to teaching, scholarly activity, and clinical practice in service to MUSM. The total would reflect the estimated percent time and would be less than 100%.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACADEMIC YEAR** |  |  |  |  |  |
| **DOMAIN** |  |  |  |  |  |
| Teaching, includes educational administration |  |  |  |  |  |
| Research/Scholarship |  |  |  |  |  |
| Clinical Practice |  |  |  |  |  |
| Administration  |  |  |  |  |  |
| Institutional and Academic Service  |  |  |  |  |  |
| **TOTAL PERCENTAGE** |  |  |  |  |  |

I certify that, to the best of my knowledge, the information contained in this application is true and correct.

I understand that the deliberations of the Promotion and Tenure Committee are confidential and that I should not solicit any information about those deliberations from any member of the committee or anyone involved in the deliberations. I also understand that the results of committee deliberations serve only as recommendations to the Dean, with the final decision made by the Provost and the Board of Trustees.

Signature of Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that, to the best of my knowledge, the information contained in this application is true and correct.

Signature of Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_