2024-2025

**SHORT FORM SUPPLEMENTAL** FORM-1

SUPPLEMENTAL RECOMMENDATION INFORMATION FORM

Candidate's Name:

Current Title:

Evaluated for .tes, book reviews, abstracts (iondate of completionpected date of publication, length).(check appropriate action): Promotion to:

(check appropriate title):

RBHS Instructor

Assistant Professor

Indicate track:

Clinical - Clinical Educator

Clinical - Clinical Scholar

Teaching

Research

Professional Practice

Effective Date: Term Dates (if applicable):

Unit/School:

Department:

Instructions: This supplemental form is to be completed by RBHS Lecturers or RBHS Instructors who had time excluded from the probationary period due to the impact of COVID-19.

**Teaching**

For RBHS Lecturers or RBHS Instructors who opted to exclude the 2020/2021 years: Does this candidate wish to exclude teaching evaluations from the Fall 2020 and/or Spring 2021 semesters from their reappointment or promotion packet?

yes  no If yes, then please check the semester(s) requested.

Fall 2020

Spring 2021

For RBHS Lecturers or RBHS Instructors who opted to exclude the 2019/2020 year: Does this candidate wish to exclude teaching evaluations from the Spring 2020 semester from their promotion or reappointment packet?

yes  no

If yes, then such evaluations will be excluded from the packet.

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Signature of Candidate Date Signature of Date

Department Chair

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Print Name of Candidate Print Name of Department Chair