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