

## PROCEDURE FOR SELECTION OF OUTSIDE REVIEWERS

Name of Faculty Member: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty Member being considered for promotion to: (*Ex: Promotion to Associate Prof.*):  
\_\_\_\_\_

Person completing this form: \_\_\_\_\_

*(Print name and sign)*

*Check all that apply:*

REVIEWER NAME (IN ALPHABETICAL ORDER) AND INSTITUTION		ACCEPTED*	
		YES	NO
_____ Nominated by <input type="checkbox"/> Dept Chair <input type="checkbox"/> Dept Comm <input type="checkbox"/> Candidate <input type="checkbox"/> Other**	Selected by: <input type="checkbox"/> Dept Chair <input type="checkbox"/> Dept Comm		
_____ Nominated by <input type="checkbox"/> Dept Chair <input type="checkbox"/> Dept Comm <input type="checkbox"/> Candidate <input type="checkbox"/> Other**	Selected by: <input type="checkbox"/> Dept Chair <input type="checkbox"/> Dept Comm		
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_____ Nominated by: <input type="checkbox"/> Dept Chair <input type="checkbox"/> Dept Comm <input type="checkbox"/> Candidate <input type="checkbox"/> Other**	Selected by: <input type="checkbox"/> Dept Chair <input type="checkbox"/> Dept Comm		

\*If a selected reviewer did not accept, provide an explanation, if known, on a separate sheet.  
 \*\*If any other method was used, please explain on a separate sheet.