

Department P&T Committee Attestation

SUNY Upstate Medical University

The Alan and Marlene Norton College of Medicine

**COLLEGE OF MEDICINE**

**FACULTY APPOINTMENTS & PROMOTIONS COMMITTEE**

**PROMOTIONAL FILE REVIEW APPLICATION**

**APPOINTMENT, PROMOTION and/or TENURE OF PAID FACULTY**

**ATTESTATION CONCERNING COMPOSITION OF DEPARTMENT PROMOTIONS AND TENURE COMMITTEE**

As chair of the Promotions and Tenure Committee of the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest to the following by my signature below:

The following individuals comprised the committee:

|  |  |  |
| --- | --- | --- |
| Faculty Name | Academic Rank | Term Expires |
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|  |  |  |

The members of the committee were elected by the faculty of the department. 🞏 YES 🞏 No

If “NO”, please explain how committee members were chosen:

I, as chair, was elected by the members of the committee. 🞏 YES 🞏 No

If “NO”, please explain how the committee chair was selected:

The committee consisted of at least 3 full professors. 🞏 YES 🞏 No

If “NO”, please explain:

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, department promotions and tenure committee

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cc: Department Chair