

APPENDIX 11 – SAC COVER SHEET

THE UNIVERSITY OF BRITISH COLUMBIA

(date)

To: The Senior Appointments Committee

From: Dean _____, Faculty of _____
If a joint appointment, please list both Deans and Faculties

Re: The following Faculty Member:

Dr/Prof/Mr/Ms _____

Department(s) of _____
If a joint appointment, please list both Departments

1) I recommend ☐ I do NOT recommend ☐

NEW APPOINTMENT AS:

Professor ☐ Associate Professor ☐

Professor of Teaching ☐ Associate Professor of Teaching ☐

PROMOTION TO:

Professor ☐ Associate Professor ☐

Professor of Teaching ☐ Associate Professor of Teaching ☐

2) I recommend ☐ I do NOT recommend ☐

TENURE:

Tenure only (including new appointments) ☐

Automatic tenure linked to promotion ☐

Tenure track ☐

For new non-tenured appointments at the rank of associate professor & professor

Tenure as associate professor of teaching ☐

3)

Periodic Review? Yes ☐ No ☐

Seventh (7th) Year Mandatory Tenure Review ☐

Mandatory Review for Professor of Teaching ☐

Effective date _____