

Recommendation Form for

**Tenure/promotion (Research or Teaching Stream Faculty)**

**1. Candidate**

Name Present rank Unit

Date of first appointment at University of Victoria:

Date of appointment to present rank:

**2. Recommendation of ARPT Committee**

The ARPT Committee recommends

does not recommend

that

(name)

be

Recommendation *(awarded tenure; promoted to...)*

**Vote of ARPT Committee**

Number in favour

Number against

**3. Documentation required to be submitted with this form:**

Departmental checklist signed by the Chair of the ARPT Committee and the candidate together with all materials listed.

**4. List of referees**

i) Suggested by candidate 🞎 Suggested by ARPT Committee 🞎

Name Position

Institution Address

Area of expertise and standing in the discipline:

ii) Suggested by candidate 🞎 Suggested by ARPT Committee 🞎

Name Position

Institution Address

Area of expertise and standing in the discipline:

iii) Suggested by candidate 🞎 Suggested by ARPT Committee 🞎

Name Position

Institution Address

Area of expertise and standing in the discipline:

iv) Suggested by candidate 🞎 Suggested by ARPT Committee 🞎

Name Position

Institution Address

Area of expertise and standing in the discipline:

v) Suggested by candidate 🞎 Suggested by ARPT Committee 🞎

Name Position

Institution Address

Area of expertise and standing in the discipline:

vi) Suggested by candidate 🞎 Suggested by ARPT Committee 🞎

Name Position

Institution Address

Area of expertise and standing in the discipline:

vii) Suggested by candidate 🞎 Suggested by ARPT Committee 🞎

Name Position

Institution Address

Area of expertise and standing in the discipline:

viii) Suggested by candidate 🞎 Suggested by ARPT Committee 🞎

Name Position

Institution Address

Area of expertise and standing in the discipline:

**5. Evaluation of teaching performance**

**6. Evaluation of research / scholarly activity**

**7. Evaluation of service contributions**

**8. Statement of ARPT Committee**

*We have carefully read the above submission.*

(1) (5)

Signature Signature

Printed name Printed name

(2) (6)

Signature Signature

Printed name Printed name

(3) (7)

Signature Signature

Printed name Printed name

(4) (8)

Signature Signature

Printed name Printed name

**9. Date of submission of this Recommendation to Dean of Science**

**10. Signature of the Candidate**

(a) *I have been given the opportunity to read this recommendation. To the best of my knowledge, the supporting documentation provided by the unit is accurate and complete.*

Date Signature

Printed name

(b) *I have been given the opportunity to read this recommendation. I find the supporting documentation provided by the unit to be inaccurate/incomplete and will communicate my concerns in writing to the Dean, as per the Collective Agreement Section 33.33.*

Date Signature

Printed name

*Revised August 2020*