

CHECKLIST FOR CHAIRPERSON

(to be appended to the front of file)

Name: _____

Department: _____

Rank applied for: _____

ARTP vote: _____

ARTP Ranking: _____

ARTP Committee Chairman: _____

Names of the 3 faculty observers showing their faculty rank: _____

Year of initial appointment: _____

Year of last promotion: _____

Names of the two faculty members in charge of obtaining student evaluations: _____

Is the candidate tenured? _____

NOTE: All documents that are included in the folder by the chairman of the ARTP committee must be signed by the Chairman and the Candidate.