****

COLLEGE of MEDICINE

**Office of Faculty Affairs**

910 Madison Avenue, Suite 1006

Memphis, TN 38163

<insert date>

Address

Address

Address

Dear Dr. <insert name>,

I am the Senior Associate Dean of Faculty Affairs in the College of Medicine at the University of Tennessee Health Sciences Center (UTHSC). Per the policies of the University of Tennessee, I am requesting a letter of reference for <insert name of candidate> under consideration for <promotion to the rank of insert rank for promotion and/or for the award tenure> in the Department of <insert name> in the College of Medicine at UTHSC. Your name was provided to me by <insert Chair or Chief name plus their administrative title>. We would be most grateful if you could provide me with a letter of evaluation to complete the candidate’s portfolio. I know you are well aware of how important letters of evaluation are for individual faculty as they rise through the ranks at an academic health science center.

Should you be able to provide us with this letter of evaluation, we have attached the following materials to help in your review. These are:

* The candidate’s current curriculum vitae and any supporting materials from the candidate’s dossier
* Our criteria for promotion and tenure - please see attached “UTHSC Promotion and Tenure Criteria”.

We request your letter be provided prior to <insert date> and that the letter be addressed to me. This letter can be sent either to the postal address or as an attachment to the email address provided at the end of this letter (we do not need an original copy of the letter).

Based on the requirements set down by the UTHSC promotion and tenure process, please be sure to address the following in your letter of evaluation:

* Statement of your rank and tenure status as the evaluator
* Candidate’s name
* State precisely what the letter of evaluation covers (e.g., promotion to what rank, tenure, or both)
* State the nature of any association with the candidate
* Comment on the candidate’s academic progress based on materials provided and/or on your personal knowledge of the scientific and/or professional contributions of the candidate
* Frank appraisal of

(1) the candidate’s research abilities and creative achievements, including papers given at scholarly meetings;

(2) the quality of his/her publications or other creative work;

(3) his/her reputation or standing in the field;

(4) his/her contributions as an educator; and

(5) his/her potential for further growth and achievement.

You may also rate the candidate’s contributions in comparison with others you have known at the same stage of professional development.

* Statement of your support or lack of support for the candidate’s <promotion and/or award of tenure>.
* Letters must be submitted on institutional letterhead with your signature

We genuinely appreciate your time and care in helping us with this request.

Please let us know if you need any added information or have any questions we can answer.

Sincerely,



Polly A. Hofmann, Ph.D.

Professor & Senior Associate Dean

College of Medicine, Office of Faculty Affairs

910 Madison Avenue, Suite 1006

Memphis, TN 38163

Office Phone: 901-448-2464

Email: medicinefacultyaffairs@uthsc.edu

Enclosures: Candidate’s CV and any supporting documents

UTHSC Promotion and Tenure Criteria

Cc: Department Chair/Chief