TTUHSC School of Nursing
ATTACHMENT G
INDIVIDUAL FACULTY/ASSOCIATE DEAN/DEPARTMENT CHAIR Recommendation

Candidate: ________________________________
Surname ________________________________
First Name ________________________________
Middle Name ________________________________

Current Rank ___________________________
Current Tenure Status ___________________

Focus: ______ Research ______ Academics ______ Clinical Service ______ Patient Care Delivery

Recommend _______ Do Not Recommend ________

Rationale - JUSTIFICATION (must be provided for recommendation to be considered):

A. Educational Preparation and Professional Experience

B. Teaching

C. Academically-related public service

D. Scholarship with research pursuits as appropriate

E. Clinical Service/Patient Care Delivery

Other reasons for my recommendation or decision as follows:

Name ____________________________
Signature __________________________
Date ___________________________

Rank ____________________________
Position/Title __________________________

Developed: FAC:kad 06-20-05
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MAH 1-14-12
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Approved: PDC/ljt 9/1/2015
Revised: PDC/ljt 9/1/2016
Reviewed: PDC 09/01/17