

Instructions for Reappointment, Promotion, and Tenure (RPT) Form

Please read all instructions before completing this form

Before completing this form, please read or review the policies and procedures for reappointment, promotion, and tenure at www.unomaha.edu/aandsaffairs/tabs/academic/rpt.php.

Document will open in your browser window. To save the document on your hard drive or portable storage device, click on the File menu and choose Save As. Some document fields will not work in browser windows.

This document is protected, which means that except for the required fields, it is locked. To enter text, click the light red shaded areas and begin typing.

COVER SHEET

GOVERNING GUIDELINES:

(CANDIDATES MUST INDICATE WHETHER COLLEGE OR UNIT GUIDELINES ARE TO BE USED FOR THIS EVALUATION. IF UNIT GUIDELINES ARE TO BE USED, CANDIDATES MUST PLACE A COPY OF THE MOST RECENT VERSION OF SAID GUIDELINES IN THE FRONT OF THEIR RPT BINDER.)

- *i.* SELECT WHICH GOVERNING GUIDELINES WILL BE FOLLOWED FOR THIS FORM.
- IF UNIT GUIDELINES ARE TO BE USED, PLACE A COPY OF THE GUIDELINES TO BE USED IN THE FRONT OF YOUR BINDER.

SECTION I: PERSONNEL ACTION REQUESTED

(TO BE COMPLETED BY FACULTY MEMBER)

- 1. ENTER THE DATE THE FORM IS COMPLETED.
- 2. ENTER THE FACULTY MEMBER'S NAME FOR RECOMMENDATION.
- 3. SELECT WHICH ACTION IS REQUESTED. FOR REAPPOINTMENT, SELECT THE APPROPRIATE BOX FOR TYPE OF REAPPOINTMENT: ANNUAL OR FISCAL YEAR.
- 4. ENTER THE APPROPRIATE DEPARTMENT / SCHOOL.
- 5. ENTER THE APPROPRIATE COLLEGE.
- 6. ENTER YOUR ENTRY RANK AT UNO.
- 7. ENTER THE DATE OF YOUR FIRST APPOINTMENT AT UNO.
- 8. ENTER YOUR TENURE DECISION DATE.
- 9. ENTER YOUR CURRENT RANK.

SECTION II: RECOMMENDATIONS

(TO BE COMPLETED BY APPROPRIATE AUTHORIZING REPRESENTATIVES)

PERSONNEL ACTIONS MAY INVOLVE APPROVAL / DISAPPROVAL FOR MORE THAN ONE CATEGORY (E.G. REAPPOINTMENT AND PROMOTION; PROMOTION AND CONTINUOUS APPOINTMENT.) BE SURE TO CHECK THE BOXES IN BOTH CATEGORIES WHEN APPROPRIATE.

- 10. CHECK THE BOX NEXT TO EITHER APPROVE OR DISAPPROVE AND SIGN AND DATE IN THE SPACES PROVIDED.
- 11. CHECK THE BOX NEXT TO EITHER APPROVE OR DISAPPROVE AND SIGN AND DATE IN THE SPACES PROVIDED.
- 12. CHECK THE BOX NEXT TO EITHER APPROVE OR DISAPPROVE AND SIGN AND DATE IN THE SPACES PROVIDED.

SECTION III: DECISIONS

This section records the decisions by the Senior Vice Chancellor for Academic & Student Affairs regarding the following:

- 13. REAPPOINTMENT
- 14. PROMOTION
- 15. CONTINUOUS APPOINTMENT

SECTION IV: FACULTY SIGNATURES

(TO BE COMPLETED BY FACULTY MEMBER)

REVIEW, SIGN AND DATE FOR EACH RECOMMENDATION. THE FACULTY MEMBER'S SIGNATURES INDICATE ONLY EXAMINATION OF ADMINISTRATIVE RECOMMENDATIONS, **NOT AGREEMENT WITH THE RECOMMENDATION**.

PART I: DEAN'S EVALUATION AND RECOMMENDATION

(TO BE COMPLETED BY THE DEAN)

THE DEAN'S COMMENTS MUST CLEARLY INDICATE THE CATEGORIES IN WHICH "OUTSTANDING" OR "ABOVE AVERAGE" ARE CLAIMED. PROVIDE COMMENTS <u>ON</u> <u>LETTERHEAD STATIONERY</u> AND ATTACH TO THE APPROPRIATE SECTION.

PART II: CHAIRPERSON'S/SCHOOL DIRECTOR'S EVALUATION AND RECOMMENDATION

(TO BE COMPLETED BY THE CHAIRPERSON / SCHOOL DIRECTOR)

The chairperson's / school director's comments must clearly indicate the categories in which "outstanding" or "Above average" are claimed. Provide comments <u>on</u> <u>Letterhead Stationery</u> and attach to the appropriate section.

PART III EVIDENCE OF PEER EVALUATION

(TO BE COMPLETED BY APPROPRIATE ADVISORY REPRESENTATIVES)

PROVIDE COMMENTS <u>ON LETTERHEAD STATIONERY</u> AND ATTACH TO THE APPROPRIATE SECTION.

PART IV: RECORD OF PROFESSIONAL ACTIVITIES

(TO BE COMPLETED BY FACULTY MEMBER)

- A) EDUCATION AND PROFESSIONAL EMPLOYMENT BACKGROUND
 - 1) ENTER THE HIGHEST DEGREE AWARDED.
 - 2) ENTER THE INSTITUTION THAT AWARDED THAT DEGREE.
 - 3) ENTER THE DATE OF DEGREE COMPLETION.
 - 4) ENTER ANY ADDITIONAL, POST-DEGREE FORMAL TRAINING (E.G., POSTDOCS, ETC.)
 - 5) ENTER ANY PROFESSIONAL EXPERIENCE AT EDUCATIONAL INSTITUTIONS OTHER THAN UNO.
 - 6) ENTER ANY PROFESSIONAL EXPERIENCE AT NON-EDUCATIONAL INSTITUTIONS.
- B) TEACHING ACCOMPLISHMENTS
 - 1) LIST ACTIVITIES ASSOCIATED WITH TEACHING PERFORMANCE AND PROVIDE APPROPRIATE DOCUMENTATION. ORGANIZE THIS LIST USING THE CATEGORIES PROVIDED. (NOTE: WHAT ACTIVITIES ARE DOCUMENTED IS DETERMINED BY INDIVIDUAL DEPARTMENTS / SCHOOLS AND COLLEGES. SOME COLLEGES MAY ASK YOU TO PROVIDE A NARRATIVE IN ADDITION TO LISTING ACTIVITIES.)
- C) Research, Artistry, and Other Scholarly Contributions
 - 1) LIST ALL BOOKS, MONOGRAPHS AND ARTICLES PUBLISHED OR ACCEPTED FOR PUBLICATION (ATTACH ARTICLE REPRINT OR LETTER OF ACCEPTANCE) DO NOT LIST SUBMITTED WORK THAT HAS NOT BEEN ACCEPTED FOR PUBLICATION.
 - 2) LIST ALL PAPERS, REVIEWS, AND PANELS (ATTACH PROGRAM PAGE OR LETTER OF ACCEPTANCE). FOR PAPERS AND REVIEWS, NOTE AFTER THE TITLE THE LENGTH IN PAGES (*PR: PRINT; MS: MANUSCRIPT*) AND WHETHER IT WAS INVITED (*I*).
 - 3) LIST ALL OTHER RESEARCH ACTIVITY.
 - 4) LIST ALL OTHER CREATIVE ACTIVITY.

- D) SERVICE ACTIVITIES
 - 1) LIST CONTRIBUTIONS IN THE AREA OF SERVICE UNDER THE APPROPRIATE SUBCATEGORIES. UNDER "SERVICE TO THE COMMUNITY" LIST ONLY THOSE RELATED TO YOUR PROFESSIONAL EXPERTISE.
 - 2) ATTACH THE APPROPRIATE DOCUMENTATION.



REAPPOINTMENT, PROMOTION, AND TENURE FORM

Cover Sheet

GOVERNING GUIDELINES:

(CANDIDATES MUST INDICATE WHETHER COLLEGE OR UNIT GUIDELINES ARE TO BE USED FOR THIS EVALUATION. IF UNIT GUIDELINES ARE TO BE USED, CANDIDATES MUST PLACE A COPY OF THE MOST RECENT VERSION OF SAID GUIDELINES IN THE FRONT OF THEIR RPT BINDER.)

COLLEGE

Unit

SECTION I: PERSONNEL ACTION REQUESTED					
1. Date:	2. PERSONNEL R	SONNEL RECOMMENDATION FOR:			
3. ACTION REQUESTED FOR ###################################			4. C	4. DEPARTMENT / SCHOOL:	
REAPPOINTMENT FOR	ACADEMIC YEAR	FISCAL YEAR			
PROMOTION TO			5. College:		
CONTINUOUS APPOINTMENT (TENURE)					
6. RANK AT FIRST UNO APPOINTMENT:			7. DATE OF FIRST UNO APPOINTMENT:		
8. REQUIRED TENURE DECISION DATE: 9. CURRENT RANK:					

SECTION II: RECOMMENDA	TIONS		
	DISAPPROVE	CHAIRPERSON / SCHOOL DIRECTOR	Date
10. REAPPOINTMENT	APPROVE		
	DISAPPROVE	DEAN	Date
	APPROVE		
11. PROMOTION	DISAPPROVE	CHAIRPERSON / SCHOOL DIRECTOR	Date
	APPROVE		
	DISAPPROVE	DEAN	Date
	APPROVE		
	DISAPPROVE	CHAIRPERSON / SCHOOL DIRECTOR	DATE
12. Continuous Appointment	APPROVE		
	DISAPPROVE	DEAN	DATE
	APPROVE		

SECTION III: DECISIONS			
13. REAPPOINTMENT	DISAPPROVE	SENIOR VICE CHANCELLOR FOR ACADEMIC & STUDENT AFFAIRS	DATE
	APPROVE		
14. PROMOTION	DISAPPROVE	SENIOR VICE CHANCELLOR FOR ACADEMIC & STUDENT AFFAIRS	DATE
	Approve		
15. Continuous Appointment	DISAPPROVE	SENIOR VICE CHANCELLOR FOR ACADEMIC & STUDENT AFFAIRS	Date
	Approve		

SECTION IV: FACULTY SIGNATURES		
SIGNATURE SHEET FOR		
(PLEASE PRINT YOUR NAME)		
PURSUANT TO SECTION 4.6 OF THE REGENTS BYLAWS AND SECTION 3.5.2(7) OF THE COLLECTIV THE REGENTS OF THE UNIVERSITY OF NEBRASKA AND THE UNIVERSITY OF NEBRASKA AT OMAHA O UNIVERSITY PROFESSORS, I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO REVIEW AND RI MY DEPARTMENT / SCHOOL COMMITTEE ADVISING THE CHAIR ON REAPPOINTMENT, PROMOTION AND	CHAPTER, AMERIC ESPOND TO THE F	CAN ASSOCIATION OF
I HAVE PROVIDED A WRITTEN RESPONSE TO THE DEPARTMENT / SCHOOL COMMITTEE'S RECOMMEND/	ATION YES	NO
(SIGNATURE)*		(DATE)
PURSUANT TO SECTION 4.6 OF THE REGENTS BYLAWS, AND SECTION 3.5.2(7) OF THE COLLECTIVE THE REGENTS OF THE UNIVERSITY OF NEBRASKA AND THE UNIVERSITY OF NEBRASKA AT OMAHA CH UNIVERSITY PROFESSORS, I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO REVIEW AND PROMOTION OR TENURE RECOMMENDATION OF MY DEPARTMENT CHAIR/SCHOOL DIRECTOR.	HAPTER, AMERICA	N ASSOCIATION OF
I HAVE PROVIDED A WRITTEN RESPONSE TO THE DEPARTMENT CHAIR'S / SCHOOL DIRECTOR'S RECOMM	MENDATION	YES NO
(SIGNATURE)*		(DATE)
PURSUANT TO SECTION 4.6 OF THE REGENTS BYLAWS, AND SECTION 3.5.2(7) OF THE COLLECTIV THE REGENTS OF THE UNIVERSITY OF NEBRASKA AND THE UNIVERSITY OF NEBRASKA AT OMAHA O UNIVERSITY PROFESSORS, I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO REVIEW AN VIDED BY THE COLLEGE REAPPOINTMENT, PROMOTION, AND TENURE COMMITTEE.	CHAPTER, AMERIC	CAN ASSOCIATION OF
I have provided a written response to the college RPT committee's recommendation	YES	NO
(SIGNATURE)*		(DATE)
PURSUANT TO SECTION 4.6 OF THE REGENTS BYLAWS, AND SECTION 3.5.2(7) OF THE COLLECTIV THE REGENTS OF THE UNIVERSITY OF NEBRASKA AND THE UNIVERSITY OF NEBRASKA AT OMAHA O UNIVERSITY PROFESSORS, I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO REVIEW AN VIDED BY THE DEAN OF THE COLLEGE.	Chapter, Americ	CAN ASSOCIATION OF
HAVE PROVIDED A WRITTEN RESPONSE TO THE DEAN'S RECOMMENDATION	YES	NO
(SIGNATURE)*		(DATE)
*NOTE: At each level, the faculty member's signature indicates examination of compagreement with the comments / recommendations.	MENTS/RECOMME	NDATIONS, <u>NOT</u>

PART I: DEAN'S EVALUATION AND RECOMMENDATION (TO BE COMPLETED BY THE DEAN)

- PROVIDE COMMENTS ON LETTERHEAD STATIONERY AND ATTACH.
- Must clearly comment on recommendations, especially recommendations for "outstanding" or "above average."

PART II: CHAIRPERSON'S / SCHOOL DIRECTOR'S EVALUATION AND RECOMMENDATION (TO BE COMPLETED BY CHAIRPERSON / SCHOOL DIRECTOR)

- PROVIDE COMMENTS ON LETTERHEAD STATIONERY AND ATTACH.
- MUST CLEARLY COMMENT ON RECOMMENDATIONS, ESPECIALLY RECOMMENDATIONS FOR "OUTSTANDING" OR "ABOVE AVERAGE."

Part III: Evidence of Peer Evaluation (to be completed by appropriate advisory representatives)				
• PROVIDE COMMENTS BY EACH OF THE FOLLOWING ON LETTERHEAD STATIONERY AND ATTACH.				
A. DEPARTMENTAL ADVISORY COMMITTEE RECOMMENDATION				
Advisory Committee Members <i>(names)</i>	COMMITTEE VOTE (REPORT NUMBER OF VOTES FOR EACH BELOW) YES NO ABSTAIN ABSENT / EXCUSED			
Committee Chair Signature Date				

COMMENTS:

Part III: Evidence of Peer Evaluation (to be completed by appropriate advisory representatives)				
• PROVIDE COMMENTS BY EACH OF THE FOLLOWING ON LETTERHEAD STATIONERY AND ATTACH.				
B. College Advisory Committee Evaluation and Recommendation				
Advisory Committee Members <i>(names)</i>	COMMITTEE VOTE (REPORT NUMBER OF VOTES FOR EACH BELOW) YES NO ABSTAIN ABSENT / EXCUSED			
Committee Chair Signature Date				

COMMENTS:

PART IV: RECORD OF PROFESSIONAL ACTIVITIES (TO BE COMPLETED BY FACULTY MEMBER)				
A. EDUCATION AND PROFESSIONAL EMPLOYMENT BACKGROUND				
1. HIGHEST DEGREE AWARDED:	2. Awarding Instituti		3. DATE AWARDED:	
4. Additional Post-Degree Formal		5. PROFESSIONAL EXPERIENCE AT EDUCA OTHER THAN UNO:		
6. PROFESSIONAL EXPERIENCE AT NON	- Educational Institut	IONS:		

PROVIDE A NARRATIVE AND/OR A LIST THAT DOCUMENTS THE FOLLOWING INDICATORS OF TEACHING PERFORMANCE:

- 1. TEACHING EVALUATIONS BY STUDENTS (INCLUDING A SUMMARY TABLE)
- 2. PEER EVALUATIONS OF TEACHING
- 3. CURRICULUM DEVELOPMENT (NEW PROGRAMS AND COURSES)
- 4. INNOVATIVE INSTRUCTIONAL TECHNIQUES
- 5. PUBLICATIONS AND/OR GRANTS RELATED TO TEACHING
- 6. PARTICIPATION IN INSTRUCTIONAL IMPROVEMENT WORKSHOPS
- NON-CLASSROOM TEACHING (THESIS SUPERVISION, ADVISEMENT, INDEPENDENT STUDIES, ETC.)
 OTHER EVIDENCE OF TEACHING PERFORMANCE

C. RESEARCH, ARTISTRY, AND OTHER SCHOLARLY CONTRIBUTIONS

PLEASE REVIEW INSTRUCTIONS FOR THE ACTIVITIES LISTED. LIST ALL RESEARCH AND SCHOLARLY ACTIVITIES:

- 1. BOOKS, MONOGRAPHS, AND ARTICLES PUBLISHED OR ACCEPTED FOR PUBLICATION
- 2. PAPERS, REVIEWS, AND PANELS
- OTHER RESEARCH ACTIVITY (E.G., CHAIRING PROFESSIONAL PANELS, RESEARCH GRANTS AWARDED, BOOK REVIEWS)
 OTHER CREATIVE ACTIVITY (E.G., WORKS OF ART, ARTISTIC PERFORMANCES, AND/OR SHOWS)

LIST CONTRIBUTIONS IN THE AREA OF SERVICE UNDER THE APPROPRIATE SUBCATEGORY. <u>UNDER "Service to Community", list only</u> THOSE ACTIVITIES RELATED TO YOUR PROFESSIONAL EXPERTISE.

- 1. SERVICE TO YOUR PROFESSION
- SERVICE TO UNIVERSITY (DEPARTMENT, COLLEGE, AND UNIVERSITY)
 SERVICE TO COMMUNITY