Deadline:  All materials for tenure-track reappointments must be received before November 15, 2015. All materials for non-tenure-track reappointments must be received before Jan 15, 2016.

For all personnel recommendations to be reviewed by the Advisory Committee, we request that the original set of materials, plus one copied set (three-hole punched) and one electronic version be submitted to the Office of the Dean of Faculty. The Dean of Faculty's office will provide tabbed binders to aid in the submission of the materials. If you have any administrative questions on this process, or want to arrange pick up of your binders, please call the office at ext. 2372 for assistance. The Dean of Faculty will be available for consultation. Chairs and candidates should consult Faculty Legislation for the College’s full policies and procedures.

The department must provide the following materials:

1. Departmental Recommendation Summary (form attached)

2. Curriculum Vitae – Use format and order as follows:
   - Department
   - Name of Candidate
   - Education: Degrees, Date Received, Institution
   - Teaching Experience (most recent first): Mount Holyoke College, Other Institutions
   - Compositions, Performances, Publications, Works of Art (most recent first, with full citations)
   - Lectures and Papers Delivered
   - Professional Organizations and Activities
   - Other Relevant Experience

3. Copies of all Activities and Service Summaries filed by the candidate in prior years, in chronological order (earliest first).

4. A copy of each Summary of Annual Conversation between the candidate and the department chair for years prior to the recommendation, in chronological order (earliest first). Please include a copy of any response from the candidate to the Chair. Be sure all those present at the annual conversation have signed the document.

5. Department Recommendation

6. Copy of letter reporting recommendation to candidate (tenure-track reappointments). Legislation stipulates that “When the department sends its recommendation on reappointment to the President and the Advisory Committee, it also shall send the candidate a separate letter reporting this recommendation and explaining in some detail its assessment of his or her performance and the reason for its decision. A copy of this letter shall be sent to the President and the Advisory Committee.”

7. Letters are encouraged from departments or programs with which the candidate is affiliated, formally or informally, whether or not required by legislation.

8. All other Supporting Documents considered by the department, enrollments, external letters (if any) publications, audio and video tapes or disks, slides of works of art, enrollments, etc. Syllabi are very helpful.

9. SUGGESTED: A Statement from the Candidate discussing (1) scholarly/professional plans for the next three years in relationship to past scholarly/professional activities, and (2) ideas about future and past contributions to the curriculum, and to other aspects of the life of the department and of the College.
DEPARTMENTAL RECOMMENDATION SUMMARY

Department: __________________________ Date: _______
Name of candidate: __________________________

RECOMMENDATION (check all applicable boxes):

_____ For Reappointment
_____ Against Reappointment
_____ For Tenure
_____ Against Tenure
_____ For Promotion to the rank of ________________
_____ Against Promotion

DEPARTMENT OR PROGRAM VOTE:
- Tenured faculty vote on reappointment recommendations for all other faculty in their department or program.
- Tenured faculty vote on recommendations for tenure, regardless of the rank of the candidate.
- Tenured faculty of higher rank vote on recommendations about promotion for faculty of lower rank.
- Senior Lecturers vote in cases involving Lecturers and Senior Lecturers.

Number of faculty voting at each level: Number eligible to vote:

_____ Professor          _____ Professor
_____ Associate          _____ Associate
_____ Senior Lecturer    _____ Senior Lecturer

CONSULTATION WITH OTHER DEPARTMENT(S) OR PROGRAM(S):

_____ Consulted department/program in which candidate holds joint appointment or occasionally or regularly teaches.

_____ Letter requested from (Department/Program name) ________________________________

STUDENT EVALUATIONS:

_____ Read by department (check if yes)

________________________________________
Signature of Department Chair    Date