

**College of Medicine**  
**6-Year Mid-Cycle Review for Tenure-Accruing Faculty**  
**Chair's Progress Report**  
**(Form revised 2016)**

**CANDIDATE'S NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

Provide brief comments regarding each component of the faculty member's Self-Assessment packet. Indicate the strengths and weaknesses within each and note what changes are needed and what suggestions you have for this faculty member to improve.

**Faculty Assignment:**

Is the effort assignment appropriate for this faculty member's role in the department?

Are the accomplishments documented for each mission assignment appropriate for the effort assigned?

Recommended changes:

**Teaching Accomplishments:**

Strengths:

Weaknesses:

Suggestions:

**Research/Scholarly Activities:**

Strengths:

Weaknesses:

Suggestions:

**Clinical Accomplishments (if applicable):**

Strengths:

Weaknesses:

Suggestions:

**Service (to the Profession, University, UF Health, Department, etc.):**

Strengths:

Weaknesses:

Suggestions:

**OVERALL ACADEMIC PROGRESS**— Is the faculty member on track to meet criteria for tenure and promotion as outlined in the University of Florida and College of Medicine Tenure and Promotion and Guidelines?

**The faculty member is on track to meet criteria for tenure and promotion.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Why/why not?**

**If not on track, do you support continuation on the tenure track (note that the maximum tenure probationary period for the College of Medicine is 10 years, with support of the Department Chair)?**

**When do you anticipate this faculty member should apply for promotion and tenure?**

**Recommended course of action to improve the faculty member's record:**

\_\_\_\_\_  
Department Chair Printed

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date