



Endowed Chairs: Professorial Series

This form is to be used for appointment or reappointment to an endowed chair. Please note APM-191 specifies the criteria that **“Endowed chairs and professorships are reserved for distinguished scholars and teachers.”**

***Please ensure candidate’s annual certification report in OATS has been submitted before routing case to APO.**

Effective Date From: To: Date of Initial Appointment to Chair:

Name:

Department(s):

Title of Endowed Chair:

☐ Candidate’s *curriculum vitae* is uploaded in APBears

1. Briefly, describe what makes the candidate a distinguished scholar:

2. Relative to the standards of her/his unit, the candidate’s teaching and mentoring:

☐ Exceptional ☐ Satisfactory or largely so ☐ Unsatisfactory ☐ No information

If either of the last two boxes (“are unsatisfactory” or “no information”) is checked, please attach a short explanation of why the candidate nonetheless meets the criteria for an endowed chair.

3. At her/his last merit review, the candidate received:

- ☐ A normal (one-step/one-increment) or greater advance.
- ☐ Less than a normal advance (if this box is checked, please attach a short explanation of why the candidate nonetheless meets the criteria for an endowed chair).
- ☐ The candidate is newly appointed to the faculty.

4. At her/his last merit review, did campus reviewers indicate that improvement in research, teaching, or both would be necessary for a normal or better advance at time of next review?

☐ No ☐ Yes ☐ Not Applicable.

If “yes,” please provide a short explanation of steps taken by the candidate to improve her/his record:

5. Some units vote on endowed chairs.

☐ No Vote Taken ☐ Vote Was: _____

In Favor Opposed Abstentions

Chair Name:	Signature	Date:
2 nd Chair Name (if any)	Signature	Date:
Dean	Signature	Date:
2 nd Dean (if any)	Signature	Date:

Chair Name:	Signature	Date:
2 nd Chair Name (if any)	Signature	Date:
Dean	Signature	Date:
2 nd Dean (if any)	Signature	Date: