***School of Medicine, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department***

***Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Action: Appt., Reappt., Promo. (choose one)***

# Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Line: MCL, UTL, NTLR (choose one)

# Referee Worksheet

External Referees

|  |
| --- |
| Relationship to Candidate**(check one)** |
| **Referee’s Name/Degree** | **Academic Rank****Title and Address** | **Former/****Current****Mentor/****Teacher** | **Collaborator** | **Expert in****Candidate’s****Field\*****(neither mentor nor collaborator)** | **Area of Expertise** | **Scientific/Academic****Distinctions** |
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\*These are individuals who are *not* also collaborators or former/current teachers/mentors. They will know the candidate through his/her publications or other scholarly/professional work.

Internal Referees

 Academic Rank

Referee’s Name/Degree and Department

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Trainees

 Current Status

Trainee’s Name/Degree and Address

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Comparison Peers (if required)

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| **Peer’s Name/Degree** | **Academic Rank****Title and Address** | **Year of Conferral and Institution of Highest Degree** | **Area of Expertise** | **Scientific/Academic****Distinctions** |
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