Request for Consideration: Academic Promotion

Please complete the following information, attach a copy of your curriculum vita and send to:

Charlene O'Brien, Family Medicine & Community Health, Benedict Building - Room A3-192
University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655
Email: charlene.obrien@umassmed.edu , Phone: 774/442-5798, Fax: 774/443-8680

Name:	
Social Security Number:	
Date of Birth	
Home Address:	
Home Phone:	
Current academic rank:	
Current position title:	
Work Address:	
Work Phone:	
Email Address:	

Please identify at least 5 people from whom you would like to request letters of recommendation, and notify those people that they will be receiving a request shortly.

Name/Title	Email address	Phone