Peers for Promotion Application guidelines

APPLICATION FOR CURRENT ASSISTANT PROFESSORS (5+ years at rank)

**Application process**:

1. Applicant meets with their Department Chair or Division Chief for approval to participate in the program.
2. Applicant completes the two top portions and has the Department Chair or Division Chief print and sign the application.
3. Applicant submits this application and current CV to Faculty.Affairs@umassmed.edu.

Scan and email the application and CV or mail/drop them off at the University Campus, Medical School Building, Room S1-710

**Application & CV Deadline:**

September 15, 2016

**Acceptance Notification:**

Applicants will be notified by September 30, 2016 of the committee’s decision regarding participation in the program.

**Program dates:**
The program runs monthly from 4:00-6:00pm from October 2016 - April 2017 for seven sessions on the following dates:

**2016**: October 27, November 10 , and December 8
**2017**: January 12, February 9, March 9, April 13

Peers for Promotion: Facilitated Peer Mentoring
Program for Assistant Professors
2016-2017 APPLICATION

**APPLICANT NAME**, **Credentials** (Printed):
DEPARTMENT:

WORK PHONE:
PREFERED EMAIL:

**CAREER GOALS**

Please describe your career goals and how participation in the Facilitated Peer Mentoring Group will enable you to advance to Associate Professor. (Please do not exceed description of goals beyond the box below).

By submitting this application, the applicant attests to the following:

* I agree to participate fully in Peers for Promotion: Facilitated Peer Mentoring and to fulfill the requirements as contained in the description of the program.
* I have met with my Department Chair or my Division Chief and we have discussed the time commitment involved in participating in this program. We have discussed how I will fulfill this time obligation that includes 2 hours monthly for a group meeting and about two additional hours each month to prepare for the group and to complete the project that will help me attain promotion to Associate Professor.

**CHAIR DIVISION CHIEF SECTION**

I have reviewed the program and believe that it will contribute to advancement of the applicant. My signature below signifies my approval of the faculty member’s participation and denotes my full support of this application.

 Chair/Division Chief Name (**Printed**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chair/Division Chief **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_