UConn School of Medicine Post-Tenure Review

**Continuous PTR - Annual Assessment**

Faculty Checklist

|  |  |
| --- | --- |
| **Name**: | |
| **Department:**  **Division:**        **Center:**  **Date:** | |
| ***Required Materials Submitted*** | |
|  | Faculty Development Plan |
|  | Annual Academic Review |
|  | CV: Updated with evidence of submission of publications currently under  review/submitted, if applicable |

*Office of Faculty Affairs 11/1/2024*