UNIVERSITY of PENNSYLVANIA -- REQUEST FOR APPROVAL OF EXTRAMURAL CONSULTANTS

Candidate:        School:
Department: Date:  
Appointment or Promotion to: Tenure:  
(Please specify) (Rank) (Yes/No)

A. Consultants Nominated by Department and/or School -- Nominations should be made without consulting the candidate. The nominees should have no previous close connections to the candidate. Unanticipated close connections that are discovered in the reviewer's responses should be acknowledged in the Chair's cover letter to the dossier. If possible, at least one member of the department's external review committee who is qualified to review the candidate should be included.

1. Name of Consultant:
   Academic Title & Institution: (with location)
   Field/Speciality:
   Qualifications of Consultant:
   Relationship to Department or Candidate (if any):
   Consultant Proposed by (if applicable): Dept. Chair _____ Committee _____ Other (specify):

2. Name of Consultant:
   Academic Title & Institution: (with location)
   Field/Speciality:
   Qualifications of Consultant:
   Relationship to Department or Candidate (if any):
   Consultant Proposed by (if applicable): Dept. Chair _____ Committee _____ Other (specify):

3. Name of Consultant:
   Academic Title & Institution: (with location)
   Field/Speciality:
   Qualifications of Consultant:
   Relationship to Department or Candidate (if any):
   Consultant Proposed by (if applicable): Dept. Chair _____ Committee _____ Other (specify):
**Candidate:**

4. **Name of Consultant:**
   Academic Title & Institution: 
   (with location)
Field/Speciality:
Qualifications of Consultant:

Relationship to Department 
or Candidate (if any):
Consultant Proposed by (if applicable): Dept. Chair Committee Other (specify):

5. **Name of Consultant:**
   Academic Title & Institution: 
   (with location)
Field/Speciality:
Qualifications of Consultant:

Relationship to Department 
or Candidate (if any):
Consultant Proposed by (if applicable): Dept. Chair Committee Other (specify):

6. **Name of Consultant:**
   Academic Title & Institution: 
   (with location)
Field/Speciality:
Qualifications of Consultant:

Relationship to Department 
or Candidate (if any):
Consultant Proposed by (if applicable): Dept. Chair Committee Other (specify):
7. Name of Consultant:
   Academic Title & Institution:
   (with location)
   Field/Speciality:
   Qualifications of Consultant:
   Relationship to Department
   or Candidate (if any):
   Consultant Proposed by (if applicable):
   Dept. Chair _____ Committee _____ Other (specify):

8. Name of Consultant:
   Academic Title & Institution:
   (with location)
   Field/Speciality:
   Qualifications of Consultant:
   Relationship to Department
   or Candidate (if any):
   Consultant Proposed by (if applicable):
   Dept. Chair _____ Committee _____ Other (specify):

Approval by Committee:
(If applicable) ___________________________ Date:

Approval by Dean: ___________________________ Date:

Approval by Provost: ___________________________ Date:
(Note: Provost approval not required for promotion to Professor)
Candidate:

B. **Consultants Nominated by Candidate** -- candidates for appointment or promotion may nominate up to three (3) consultants, all of whom will be solicited for recommendations.

1. **Name of Consultant:**
   Academic Title & Institution:
   (with location)
   Field/Speciality:
   Qualifications of Consultant:
   Relationship to Department
   or Candidate (if any):

2. **Name of Consultant:**
   Academic Title & Institution:
   (with location)
   Field/Speciality:
   Qualifications of Consultant:
   Relationship to Department
   or Candidate (if any):

3. **Name of Consultant:**
   Academic Title & Institution:
   (with location)
   Field/Speciality:
   Qualifications of Consultant:
   Relationship to Department
   or Candidate (if any):