UNIVERSITY OF PENNSYLVANIA
FACULTY EQUAL OPPORTUNITY COMPLIANCE STATEMENT

TO: The Provost
RE: Promotion

Department: ______________________________________
Name of Candidate: ______________________________________
Present Rank: ______________________________________
Proposed Rank: ______________________________________
Proposed date of Promotion: ____________________________

The concept of race as used by the Office of Federal Contract Compliance Programs (O.F.C.C.P.) and the Equal Employment Opportunity Commission (E.E.O.C.) does not denote clear-cut scientific definitions of anthropological origins. Nevertheless, each employee or candidate must be identified as belonging to one, and only one, of seven broad racial/ethnic categories defined by federal authorities. A candidate may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging.

FEDERAL RACE AND ETHNICITY DEFINITIONS

The categories for data on race and ethnicity for Federal statistics and civil rights compliance are defined as follows:

1. Hispanic (or Latino): A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture.
2. American Indian or Alaskan Native: A person with origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or has community recognition as an American Indian or Alaskan Native.
3. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
4. Native Hawaiian or other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. Black (or African American): An individual, not of Hispanic origin, with origins in any of the black racial groups of Africa.
6. White (or Caucasian): An individual, not of Hispanic origin, with origins in any of the original peoples of Europe, North Africa, or the Middle East.
7. Two or More Races: All persons who identify with more than one of the above six races.

SUMMARY OF DEPARTMENTAL ACTION FOR PROMOTION
IN COMPLIANCE WITH AFFIRMATIVE ACTION

I. THE CANDIDATE

1. Previous and present appointment at the University of Pennsylvania
   RANK DATES

2. Field and/or subfields of interest:

3. Enclose a current curriculum vitae.

[GOLDENROD]

Updated: October 2011
II. THE DEPARTMENT

1. Give the names, ranks, and years of experience of all the women and minority persons presently in the department who have appointments in the Standing Faculty, the Standing Faculty-Clinician-Educator track, and the Associated Faculty. Use additional sheet, if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Rank</th>
<th>Years in Dept</th>
<th>Hispanic/Latino M F</th>
<th>American Indian/Alaskan Native M F</th>
<th>Asian M F</th>
<th>Native Hawaiian or other Pacific Islander M F</th>
<th>Black/African American M F</th>
<th>White M F</th>
<th>Two or more Races M F</th>
<th>Did not Disclose M F</th>
</tr>
</thead>
</table>

2. The affirmative action plan requires that “full and fair consideration be given to all minority and female candidates presently on the faculty who might properly also be considered at this time for promotion.” List all members of the department of the same rank and an equal or greater number of years of service in rank as the proposed candidate. If some of this group have been recommended for reappointment or promotion, or have been notified of termination, please so indicate.

Other members of the department of the same rank and equal or greater number of years of service in that rank. Use additional sheet, if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Present Rank</th>
<th>Date of Original Appointment</th>
<th>Recommended by Dept.</th>
<th>Notified of Termination</th>
<th>No Action</th>
</tr>
</thead>
</table>

III. CERTIFICATION OF COMPLIANCE

1. Department Chairperson

In your judgment, does the recommendation appear to be in compliance with the University’s affirmative action program, with respect to the following:

(a) Was full and fair consideration given to all minority, female, and other candidates of the same rank presently in the department?

Yes ( ) No ( )

(b) Did the chosen candidate have qualifications equal or superior to those of all minority, female, and other candidates of the same rank presently in the department?

Yes ( ) No ( )

Updated: October 2011
List all such candidates and give the criteria for your answer.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Date (Signed) Chairperson

2. School Affirmative Action Officer

(a) Please set forth here any comments on III. 1. (a) and (b).

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

(b) Recommendation
   (i) Recommend for approval (   )
   (ii) Recommend for approval, with reservations (   )
   (iii) Do not recommend for approval (   )

If (ii) or (iii) is checked, please give reasons:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Date (Signed) School Affirmative Action Officer and/or Diversity Search Advisor

3. Dean and Provost

On the basis of my review of this documentation, I certify that University policies regarding affirmative action have been observed.

Date (Signed) Dean or Dean’s Representative

Date (Signed) Provost or Provost’s Representative

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