

Appendix E

PROCEDURE FOR SELECTION OF OUTSIDE REVIEWERS UNIVERSITY OF MISSOURI EXTENSION NON-TENURE TRACK FACULTY PROMOTIONS, 2021-2022

Name of faculty member: _____ Department or Region: _____

Faculty member being considered for promotion to: _____

(Example: Promotion to Assistant Extension Professional)

Contact person for external reviewer selection: _____

Check all that apply:

External Peer Reviewers		Accepted*	
		Yes	No
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Other		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Other		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Other		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Other		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Other		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Other		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Other		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Other		

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Partner/Collaborator/Stakeholders Reviewers		Accepted*	
		Yes	No
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder Selected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder Selected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder Selected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder Selected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder Selected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Colleague Reviewers		Accepted*	
		Yes	No
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Selected: Yes No		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Selected: Yes No		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Selected: Yes No		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Selected: Yes No		
Name: _____ Nominated by: <input type="checkbox"/> Program/Education Director <input type="checkbox"/> Regional Director/Supervisor <input type="checkbox"/> Candidate	Selected: Yes No		

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Please include, on an addendum to this page, a brief description of the reviewer selection process.

***If a selected reviewer did not respond, please explain the circumstances on the addendum.**

****If any other method was used, please explain on the addendum.**

The names of every person contacted should appear on this form. All reviews received must be included in the dossier.

Nominations for reviewers should be made by the supervisor in consultation with the faculty member. Individuals with personal ties to the candidate should be excluded.