

Appendix C

PROCEDURE FOR SELECTION OF OUTSIDE REVIEWERS UNIVERSITY OF MISSOURI EXTENSION NON-TENURE TRACK FACULTY PROMOTIONS, 2022-2023

Name of faculty member: _____ Department or Region: _____

Contact person (primary supervisor) for external reviewer selection: _____

Check all that apply:

External Reviewers-- Academic or equivalent peer		Accepted*	
		Yes	No
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Other: _____		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Other: _____		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Other: _____		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Other: _____		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Other: _____		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Other: _____		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Other: _____		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Institution: _____ Selected by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Other: _____		

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External Reviewers--Partner/Collaborator/Stakeholders		Accepted*	
		Yes	No
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder		
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate	Role: <input type="checkbox"/> Partner <input type="checkbox"/> Collaborator <input type="checkbox"/> Stakeholder		
Colleague Reviewers (within UM System)		Accepted*	
		Yes	No
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate			
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate			
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate			
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate			
Name (last, first): _____ Email: _____ Nominated by: <input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Candidate			

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Primary supervisor to provide the following numbers:

Number of academic or equivalent peer nominations provided by candidate:

Number of partner/collaborator/stakeholder nominations provided by candidate:

Number of colleague reviewer nominations provided by candidate:

Number of academic or equivalent peer nominations provided by primary supervisor:

Number of partner/collaborator/stakeholder nominations provided by primary supervisor:

Number of colleague reviewer nominations provided by primary supervisor:

*** This form should include the names of everyone who received an initial email request to serve as a reviewer, and whether or not they accepted the request. If a reviewer did not respond to or declined the request, provide explanation below. Document any communication outside of email below.**

Note: Primary supervisor is responsible for ensuring reviewers meet all criteria listed in the Extension NTT guidelines.