<table>
<thead>
<tr>
<th>Rank</th>
<th>New Appointment</th>
<th>Reappointment</th>
<th>Promotion</th>
</tr>
</thead>
</table>
| Instructor | ◯ UC History (If Applicable)  
 ◯ Proposal Justification (Narrative) [or]  
   ◯ Department/Chair Memo  
 ◯ Medical License  
 ◯ Warranty/Attestation Form  
 ◯ CV | ◯ Proposal Justification (Narrative)  
 ◯ Medical License  
 ◯ Warranty/Attestation Form  
 ◯ CV | NA |
| Assistant  | ◯ UC History (If Applicable)  
 ◯ Proposal Justification (Narrative) [or]  
   ◯ Department/Chair Memo  
 ◯ Teaching Evals (if available) [or]  
   ◯ Departmental Comments on Teaching in Proposal Justifications  
 ◯ Medical License  
 ◯ Warranty/Attestation in Support of Application  
 ◯ CV | ◯ Proposal Justification (Narrative)  
 ◯ Medical License  
 ◯ Warranty/Attestation Form  
 ◯ CV | ◯ UC History  
 ◯ Proposal Justification (Narrative) [or]  
   ◯ Department/Chair Memo  
 ◯ Teaching Evals (if available) [or]  
   ◯ Departmental Comments on Teaching in Proposal Justifications  
 ◯ Medical License  
 ◯ Warranty/Attestation in Support of Application  
 ◯ CV |
| Associate  | ◯ Summary Page (If SOMCAP Review advised)  
 ◯ UC History (If Applicable)  
 ◯ Department/Chair Memo  
 ◯ Teaching Evals (if available) [or]  
   ◯ Departmental Comments on Teaching in Proposal Justifications  
 ◯ Medical License  
 ◯ Warranty/Attestation in Support of Application  
 ◯ CV | ◯ Proposal Justification (Narrative)  
 ◯ Medical License  
 ◯ Warranty/Attestation Form  
 ◯ CV | ◯ Summary Page (If SOMCAP Review advised)  
 ◯ UC History  
 ◯ Department/Chair Memo  
 ◯ Teaching Evals (if available) [or]  
   ◯ Departmental Comments on Teaching in Proposal Justifications  
 ◯ Medical License  
 ◯ Warranty/Attestation in Support of Application  
 ◯ CV |
| Full       | ◯ Summary Page (If SOMCAP Review advised)  
 ◯ UC History (If Applicable)  
 ◯ Department/Chair Memo  
 ◯ Teaching Evals (if available) [or]  
   ◯ Departmental Comments on Teaching in Proposal Justifications  
   ◯ Referee Feedback on Teaching  
 ◯ >1 Referee Letter or Feedback Form  
 ◯ Medical License  
 ◯ Warranty/Attestation in Support of Application  
 ◯ CV | ◯ Proposal Justification (Narrative)  
 ◯ Medical License  
 ◯ Warranty/Attestation Form  
 ◯ CV | ◯ Summary Page (If SOMCAP Review advised)  
 ◯ UC History  
 ◯ Department/Chair Memo  
 ◯ Teaching Evals (if available) [or]  
   ◯ Departmental Comments on Teaching in Proposal Justifications  
   ◯ Referee Feedback on Teaching  
 ◯ >1 Referee Letter or Feedback Form  
 ◯ Medical License  
 ◯ Warranty/Attestation in Support of Application  
 ◯ CV |