

FORM A
LETTERS OF SUPPORT (PEER)

(Note: This form must be typed)

Faculty Member Name: _____

Faculty Member Department: _____

Faculty Member Phone: _____ Faculty Member E-Mail: _____

Proposal for Tenure: _____ Proposal for Promotion: _____

Please provide full name, complete mailing address, e-mail address, telephone number, and FAX number for soliciting letter of support. **Please note, peer letters must be written by individuals at the proposed rank or above. Letters written by individuals of a lower rank than proposed, will be excluded from the dossier.**

Peer References (**at least eight, but not more than 12**)

PLEASE TYPE

Please note that **at least three** of these names must be from outside the University, preferably from outside Omaha.

#1 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:

#2 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:

Peer References (continued)

**#3 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#4 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#5 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#6 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

Peer References (continued)

**#7 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#8 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#9 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#10 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

Peer References (continued)

**#11 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#12 FULL NAME:
ACADEMIC RANK:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

FORM A

LETTERS OF SUPPORT (STUDENT)

(Note: This form must be typed)

Faculty Member Name: _____

Faculty Member Department: _____

Faculty Member Phone: _____ Faculty Member E-Mail: _____

Proposal for Tenure: _____ Proposal for Promotion: _____

Please provide full name, complete mailing address, e-mail address, telephone number, and FAX number for soliciting letter of support.

Student References (at least six)

(Note: Current and former student is broadly defined as any learner, e.g. resident, fellow, etc.)

Please type:

#1 FULL NAME:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:

#2 FULL NAME:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:

#3 FULL NAME:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:

Student References continued

**#4 FULL NAME:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#5 FULL NAME:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**

**#6 FULL NAME:
ADDRESS:
CITY, STATE, ZIP:
E-MAIL ADDRESS:
PHONE:
FAX:**