

Date

<Title> <First Name> <Last Name>  
<Job Title>  
<Department Name>  
<Address>  
<City>, <State> <Zip>

Dear Dr. <Last Name>:

The Department of **<Department Name>** in the School of Medicine of the Louisiana State University of Health Sciences Center in New Orleans is considering Dr. **<Last Name>** for advancement to **Rank and Track, (with tenure)**. Dr. **<Last Name>** is currently a **Rank and Track and has held this position since <Years In Position>**.

All candidates for academic advancement within the School of Medicine require letters of recommendation; the required sources of recommendation differ with the track and rank proposed for the candidate. You are being consulted to provide a frank and candid assessment of the scholarly and other professional accomplishments of Dr. **<Last Name>**. Our advancement review process considers not just the research and publication record of the candidate, but also their teaching, professional service and administrative accomplishments. Dr. \_\_\_\_\_ is on the \_\_\_\_\_ Pathway. **Please focus on Dr. \_\_\_\_\_'s <research, scholarship, teaching, education, service, administration>**. (Choose the appropriate domain dependent upon pathway.)

Of greatest importance is the stature of the candidate in their scientific or professional community. A specific and critical evaluation of the impact of their work will be more useful to the departmental and school committees than will general statements of praise. However, a detailed description of the candidate's work is not needed. In particular, note whether or not the candidate would qualify for the same advancement at your institution or at others with which you are familiar. A copy of the candidate's Curriculum Vitae is enclosed for your review. Additionally, we ask that you review our guidelines for faculty advancement, focusing on the requirements for this specific proposed advancement. **Please make sure to add your Academic Rank and Educational Institution in the signature section.** The guidelines and criteria can be referenced at [http://www.medschool.lsuhscc.edu/faculty\\_affairs/docs/tf\\_policies\\_and\\_criteria.pdf](http://www.medschool.lsuhscc.edu/faculty_affairs/docs/tf_policies_and_criteria.pdf).

I appreciate the time that authoring these recommendations requires and gratefully acknowledge the importance they play in the peer-review character of academic advancement. Please provide me with your response by **<Response Date>** so that we can comply with our institutional deadlines. You must provide your response on institution stationery. The signed letter can be scanned back. Only electronic signatures with date/time stamp. You are not required to provide a lengthy description of your own qualifications nor your own Curriculum Vitae. Please note that while our Faculty Handbook states that letters of recommendation are added to the "packet" after the candidate has signed off on the promotions file, the candidate may have access to your correspondence upon specific request. Thank you for your effort.

Sincerely yours,

Department Head

Revised: March 2025