

# 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 should be written by individuals at the proposed rank or above.**

Peer References (**a minimum of eight, but not to exceed 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:

Expertise to evaluate:

Relation to applicant:

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#2 FULL NAME:

ACADEMIC RANK:

ADDRESS:

CITY, STATE, ZIP:

E-MAIL ADDRESS:

PHONE:

FAX:

Expertise to evaluate:

Relation to applicant:

Peer references continued

#3 FULL NAME:  
ACADEMIC RANK:  
ADDRESS:  
CITY, STATE, ZIP:  
E-MAIL ADDRESS:  
PHONE:  
FAX:  
Expertise to evaluate:  
Relation to applicant:

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#4 FULL NAME:  
ACADEMIC RANK:  
ADDRESS:  
CITY, STATE, ZIP:  
E-MAIL ADDRESS:  
PHONE:  
FAX:  
Expertise to evaluate:  
Relation to applicant:

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#5 FULL NAME:  
ACADEMIC RANK:  
ADDRESS:  
CITY, STATE, ZIP:  
E-MAIL ADDRESS:  
PHONE:  
FAX:  
Expertise to evaluate:  
Relation to applicant:

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#6 FULL NAME:  
ACADEMIC RANK:  
ADDRESS:  
CITY, STATE, ZIP:  
E-MAIL ADDRESS:  
PHONE:  
FAX:  
Expertise to evaluate:  
Relation to applicant:

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Peer references continued

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

Expertise to evaluate:  
Relation to applicant:

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

Expertise to evaluate:  
Relation to applicant:

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

Expertise to evaluate:  
Relation to applicant:

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

Expertise to evaluate:  
Relation to applicant:

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Peer references continued

#11 FULL NAME:  
ACADEMIC RANK:  
ADDRESS:  
CITY, STATE, ZIP:  
E-MAIL ADDRESS:  
PHONE:  
FAX:  
Expertise to evaluate:  
Relation to applicant:

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#12 FULL NAME:  
ACADEMIC RANK:  
ADDRESS:  
CITY, STATE, ZIP:  
E-MAIL ADDRESS:  
PHONE:  
FAX:  
Expertise to evaluate:  
Relation to applicant:

**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 (**a minimum of 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:

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

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#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:

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

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