Clinical Professor Proposal
Johnson School
December 9, 2010

Revised based on proposed amendments in meetings of tenure-track and non-tenure track faculty on December 16, 2010

I. Justification

The purpose of proposing the use of the Clinical Professor title in the Johnson Graduate School of Management is to recruit and retain the best possible faculty to meet our educational and research goals and to maximize their contributions within the school. Two changes over a period of time have made the use of such a title important to this goal. First, peer schools have increasingly used this title, with very few peer schools now not having a similar (that is, ‘Professorial’) title for non-tenure track faculty [e.g., see addendum]. Second, and partially due to the first, title issues are an increasingly important issue in recruitment and retention of valuable faculty members who bring unique talents and experiences to our school. It is clear that without the use of Clinical Professor or a similar title the school is increasingly compromised in its ability to recruit and retain the best possible non-tenure track faculty. As examples, the Johnson School has lost one lecturer and is having difficulty in two current recruitment efforts due to these title issues.

II. Description of Position

Holders of the title ‘Clinical Professor’ will have substantive teaching as well as community building responsibilities. While specific responsibilities will vary by individual and school needs, two primary responsibilities will be part of each Clinical Professor position: 1) Teaching. All Clinical Professors are expected to have substantive teaching responsibilities in our degree programs. 2) All Clinical Professors are expected to have responsibilities which contribute to the schools mission over and above their teaching contribution. These activities could be more related to student activities such as career advising, project and other applied learning activities, or program development. Alternatively these activities could be more institution building such as institute development and leadership. We expect the distribution of these positions to be spread across the academic areas of the school.

III. Terms of Appointment

It is anticipated that all Clinical Professors will be non-tenure track, five-year renewable appointments (except for initial outside appointments which will be for a period of three years). It is expected that there would not be any movement between Clinical and tenure track appointments, but for exceptional situations. Clinical appointments will be based on
national searches as well as internal promotions, focused only on senior and highly qualified candidates. **Appointments:** A committee composed of three tenure-track and/or existing Clinical faculty, majority of whom will be tenure-track, will be appointed by the Dean to make a recommendation to the full tenure track and Clinical faculty for all Clinical Professor appointments. The vote by the faculty will be a recommendation to the Dean who has final authority for such appointments. **Reappointments:** A committee composed of three or more tenure-track faculty will be appointed by the Dean to make a recommendation to the full tenure-track faculty for all Clinical Professor reappointment decisions. The vote by the faculty will be a recommendation to the Dean who has final authority for such reappointments.

Requirements for appointment and reappointment to the title of Clinical Professor will include:

A) Significant high level teaching and/or business experience.
B) A terminal degree in a relevant field or substantial senior business experience (normally C-level - e.g., CEO or CFO - or MD at a major firm or the equivalent) is expected.
C) Service to the Johnson community beyond teaching of courses is required. For internal promotion demonstrated service in areas such as student advising, curriculum or program development and/or working with Centers and Institutes is required. For external appointments such service should be a part of the formal appointment.
D) External visibility and impact in the field of the appointment is expected, either academically or professionally. The review is expected to include external letters to assess such visibility and impact.
E) A 50% or more appointment in the Johnson School is expected of all Clinical Faculty.

IV. Percentage Limitation

The number of Clinical faculty will not exceed 25% of the number of tenure track faculty at the time of any appointment and is expected to be below 25% at all times (subject only to unexpected and temporary changes in faculty composition).

V. Voting and Other Rights

Clinical faculty shall have all rights and responsibilities of senior lecturers. They have the additional right to vote on appointments to Clinical Professor.

VI. Impact Statement

The use of the Clinical Professor title is not intended to have any impact on the number of tenure-track or non-tenure track faculty in the Johnson School. The purpose of the Clinical Professor title is to be able to recruit and retain the best possible non-tenure track faculty and to maximize their contributions within the school. Current non-tenure track faculty will be eligible for appointment to the Clinical Professor title if they meet the criteria for the appointment. It is expected that current senior lecturers who meet the criteria will be appointed as Clinical Professors after an appropriate review and vote.
Addendum: Survey of Associate Deans at Peer Schools, November 2010

*Question:* Do you use titles with the term “Professor” for non-tenure track faculty, and is a PhD required?

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>Current Titles</th>
<th>PhD Req.?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbia Business School</td>
<td>Professor of Practice</td>
<td>No</td>
<td>Requires appreciable business experience</td>
</tr>
<tr>
<td>Tuck school at Dartmouth</td>
<td>Adjunct Professor (with Assistant and Associate)</td>
<td>No</td>
<td>Often practitioners with Masters or JD degrees. Concerned with title being used incorrectly in the media sometimes, so reconsidering.</td>
</tr>
<tr>
<td>Haas school at UC Berkeley</td>
<td>Adjunct Professor</td>
<td>No</td>
<td>Considering the use of Clinical and/or Practice</td>
</tr>
<tr>
<td>Anderson school at UCLA</td>
<td>Clinical Professor (with Assistant and Associate)</td>
<td>No</td>
<td>Require “some teaching” and “creative scholarship”</td>
</tr>
<tr>
<td>Kenan-Flagler (UNC)</td>
<td>Clinical Professor (with Assistant and Associate)</td>
<td>No</td>
<td>Introduced last year. Majority have a PhD</td>
</tr>
<tr>
<td>Booth School at Chicago</td>
<td>Clinical Professor (with Assistant and Associate), Adjunct Professor (with Assistant and Associate)</td>
<td>No</td>
<td>Clinical for full-time, Adjunct for part-time</td>
</tr>
<tr>
<td>Ross School at Michigan</td>
<td>Clinical Professor (with Assistant and Associate)</td>
<td>No</td>
<td>Lecturer for most non-tenure track faculty, Clinical for a few. Expect them to create intellectual capital for a professional audience. Most have PhD.</td>
</tr>
</tbody>
</table>