ROCHESTER INSTITUTE OF TECHNOLOGY
RECOMMENDATION FOR PROMOTION IN FACULTY RANK

Do not use this form for candidates seeking tenure and promotion to associate professor. Submit with the electronic PDF packet to the Provost and Senior Vice President for Academic Affairs no later than March 1.

I. Name ______________________________________________________________

College/Institute/Center ________________________________ School/Department ________________

Recommended Promotion To:
___ Assistant Professor ___ Associate Professor ___ Professor
___ Research Associate Professor ___ Research Professor

II. Appointment and Current Status

Date and rank of initial faculty appointment: ________________ Time in current rank __________

Current rank and tenure status:
___ Instructor ___ Tenured ___ Assistant Research Professor
___ Assistant Professor ___ Tenure Track ___ Associate Research Professor
___ Associate Professor ___ Date of Tenure Review

III. Recommendations for promotion

____ # of committee recommending promotion _____ # of committee not recommending promotion

Members:

Name-Committee Chair Initials Rank Academic Unit
______________________________________   _____   ___________   ______________
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Recommend Not Recommended

_____ _____ Department Head/Chair/Director __________________ Date

_____ _____ Dean __________________ Date

_____ _____ Provost/Senior VP for Academic Affairs __________________ Date

_____ _____ President __________________ Date

8/2016