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

Recommend   Not Recommended

__________________________________________   __________________   __________________   __________________

Department Head/Chair/Director   Date

__________________________________________   __________________

Dean   Date

__________________________________________   __________________   __________________

Provost/Senior VP for Academic Affairs   Date

__________________________________________   __________________

President   Date