

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recommend Not Recommended

_____	_____	_____	_____
		Department Head/Chair/Director	Date
_____	_____	_____	_____
		Dean	Date
_____	_____	_____	_____
		Provost/Senior VP for Academic Affairs	Date
_____	_____	_____	_____
		President	Date