

**REQUEST FOR ADVANCEMENT
IN
PROFESSIONAL RANK**

SECTION I

Faculty member completes section I, II, and III and forwards to Human Resources Department

Faculty member's name:		Colleague ID Number or SSN:	Effective on term starting:
Current rank:	Rank requested:	Signature	Date of request

SECTION II Scholastic/professional contributions

Faculty member lists/summarizes information in the space provided and attaches supporting documentation, if appropriate.

At least three required	1. College or educational committee (List)
	See Attachment No. _____
	2. Community or professional projects (List)
	See Attachment No. _____
	3. Professional organizations (List)
	See Attachment No. _____
	4. Publications or presentations of scholarly or professional work (List)
	See Attachment No. _____

SECTION III Peer Recommendations

Faculty member lists names of peers offering recommendations and attaches those recommendations.

Two
required

1. Peer recommendation:

See Attachment No. _____

2. Peer recommendation:

See Attachment No. _____

ADMINISTRATIVE USE ONLY

SECTION IV Records review by Human Resources Department

Verification of data from personnel records and existence of three years of satisfactory faculty evaluations.

See Attachment No. _____

SECTION V Evaluation by chief academic officer

I certify that the scholastic and professional activities submitted constitute significant continuing contributions and/or participation.

Signature

Date

SECTION VI Approval by President

The requested professional rank is hereby approved.

Signature

Date