**Application for Academic Rank Advancement for Tenured Assistant Professors**

**Instructions to Faculty Member:** Please complete and submit this form to your Post-Tenure Review Sitting Committee and Academic Administrator for consideration. The due date for Rank Advancement application follow the dates in the Faculty Evaluation process.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Portfolio link: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of full-time accredited college teaching years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I meet or exceed the accomplishments and expectations that warrant advancement to the Full Professor ranking*.

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions to the Academic Administrator**

1) Upon review of the faculty member’s professional portfolio and in consultation with the Sitting Committee, indicate your recommendation regarding this application:

\_\_\_\_\_\_Approve \_\_\_\_\_Disapprove

Academic Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

2) If approved, compose and attach to this application a detailed Letter of Recommendation for Rank Advancement for the Dean’s consideration.

**Instructions to the Dean**:

1) Upon review of the faculty member’s professional portfolio, Letter of Recommendation, and this application, indicate your decision regarding the candidate’s rank advancement to full professor:

\_\_\_\_\_\_Approve \_\_\_\_\_Disapprove

Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) If approved, compose and attach to this application a detailed Letter of Recommendation for Rank Advancement and send it to the faculty member. Please submit a copy of the letter with this application to the HR Director of Faculty Services, AAB 201 (HR Office). Copies of letter and of the application are to be submitted into the faculty member’s division/department tenure file.

2) If disapproved, compose a letter explaining the reasons for not approving the rank advancement and send the letter to the faculty member. Please submit a copy of the letter and this application to HR Director of Faculty Services, AAB 201 (HR Office). Copies of letter and of the application are to be submitted into the faculty member’s division/department tenure file.