Application for Advancement to Full Professor

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.

Date of Application:
Name:
Banner ID:
Professional Portfolio link:
Department:
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:

Instructions to the Sitting Committee: Upon review of the faculty member's professional portfolio linked above, indicate your decision regarding this application:

____Approve

____Disapprove

Sitting Committee Chair 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 decision 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: _____

2) Notify the Provost of your decision.

3) Submit this application and the Academic Administrator's Letter of Recommendation to the HR Director of Faculty Services, AAB 201 (HR Office) for processing.