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 (Not 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.

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<th>Two required</th>
<th>1. Peer recommendation:</th>
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<th>2. Peer recommendation:</th>
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### 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 __________