# FACULTY PROMOTION REVIEW

**PROMOTION TO:**

☐ Assistant Professor

☐ Associate Professor

☐ Professor

| Name of Faculty Member | College | Department |
|---|---|---|
| | | |

| Current Rank | Highest Degree | Prior Service Credit | Date of Hire | Current Probationary Year |
|---|---|---|---|---|
| | | | | |

## *INSTRUCTIONS*

1. Attach the inventory of supporting materials to this form. Supporting materials are described in the UT-AAUP Collective Bargaining Agreement.

2. Forward this form, with the inventory and all supporting materials, to the next evaluatory body or officer.

3. **At the completion of each stage, send a letter to the candidate stating your recommendation and explaining the reasons for it. Attach a copy of the letter to the materials to be forwarded.**

4. When the evaluation process is complete, this form will be attached to the inventory of supporting materials and filed in the official personnel file in the Office of the Provost.

## RECOMMENDATION OF DEPARTMENT PERSONNEL COMMITTEE

We ☐ do ☐ do not recommend approval.

Names of Committee Members: _____

_____

_____

Committee Vote: _____Yes _____No _____Abstain

Signature of Committee Chairperson _____ Date _____

## RECOMMENDATION OF DEPARTMENT CHAIRPERSON

I ☐ do ☐ do not recommend approval.

Signature of Department Chairperson _____ Date _____

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## RECOMMENDATION OF COLLEGE PERSONNEL COMMITTEE

We ☐ do ☐ do not recommend approval.

Names of Committee Members: _____

_____

_____

Committee Vote: _____Yes _____No _____Abstain

Signature of Committee Chairperson _____ Date _____

## RECOMMENDATION OF COLLEGE DEAN

I ☐ do ☐ do not recommend approval.

Signature of College Dean _____ Date _____

## RECOMMENDATION OF UNIVERSITY COMMITTEE ON ACADEMIC PERSONNEL

We ☐ do ☐ do not recommend approval.

Names of Committee Members: _____

_____

_____

Committee Vote: _____Yes _____No _____Abstain

Signature of Committee Chairperson _____ Date _____

## RECOMMENDATION OF PROVOST AND EXECUTIVE VICE PRESIDENT FOR ACADEMIC AFFAIRS OR CHANCELLOR AND EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS

I ☐ do ☐ do not recommend approval.

Signature of Provost _____ Date _____

## DECISION OF THE PRESIDENT

I ☐ shall ☐ shall not forward this action to the Board of Trustees for approval.

Signature of President _____ Date _____