# TO: WESTSHORE CAMPUS COMMITTEE ON ACADEMIC RANK

APPLICATION FOR ADVANCEMENT IN RANK FROM

ASSOCIATE PROFESSOR TO PROFESSOR

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| Name  |  |
| Major Teaching Area |  |
| Date Initially Employed Full-Time |  |
| Date of Receipt of Rank of Associate Professor |  |
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| I certify the information contained in this application is true and accurate, to the best of my knowledge. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Signature | Date |
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| \_\_\_\_ Copy to Assistant Dean, *(Counseling and Library Faculty*) |
|  and/or |
| \_\_\_\_ Copy to Associate Dean |

Promotion in Rank

APPLICATION: ASSOCIATE PROFESSOR TO PROFESSOR

**\*Educational Criteria: (Check as appropriate)**

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|  \_\_\_\_\_ Earned Doctorate | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Institution |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Awarded | Major Area of Study |
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|  \_\_\_\_\_ Master’s Degree | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Institution |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Awarded | Major Area of Study |
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|  \_\_\_\_\_ Bachelor’s Degree | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Institution |
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| Date Awarded | Major Area of Study |
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|  **\*Legal or Professional License** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Awarding Agency |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Received | Name of License |
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| Plus Forty-Five Additional Semester Hours\* |  |
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| Areas of Study |
|  |  |  |
| **Institution(s)** | **Date(s)** | **Hours** |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***\*Attach copies of transcripts and/or license to support the above.*** |

**Teaching or Professional Experience**

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| **Dates** | **Position(s)** |
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| \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Other Related Work Experience** |  |
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| **Dates** | **Description** |
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**Statement of Evidence of Excellence in Teaching or Excellence in Professional Assignment**

This statement must cover time period extending from the date the rank of Associate Professor was granted until the present.

(Use additional sheet(s) and attachments as appropriate.)

[Completion of three of the following pages: 5-9]

**Evidence of Outstanding Achievement in:**

Service to the College through assistance to students outside the classroom, such as advising student groups.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service to the College through published scholarly materials or unpublished materials for Collegewide educational use.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service to the College through significant participation in professional and educational organizations through active membership and/or service as an officer or leader in conferences, workshops, and conventions.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service to the College through significant participation on campus wide or Collegewide committees.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service which reflects favorably upon the College through participation in the Greater Cleveland area as a speaker, advisor, or as an active member in community groups.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**COMMITTEE RECOMMENDATION**

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| Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| is hereby \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Recommended/Not Recommended |
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|  |
| for promotion in academic rank from  |
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ASSOCIATE PROFESSOR TO PROFESSOR

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| Rationale and Summary Statement: |
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| Committee: |  |  |  |
|  | Chairperson |  | Date |
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| Members: |  |  |  |
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**ASSISTANT**/**ASSOCIATE** **DEAN RECOMMENDATION**

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| Applicant: |  |
| is hereby |  |
|  | Recommended/Not Recommended |
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| for promotion in academic rank from  |
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ASSOCIATE PROFESSOR TO PROFESSOR

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| Rationale and Summary Statement: |
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|  Assistant/Associate Dean | Date |
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**DEAN RECOMMENDATION**

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| Applicant: |  |
| is hereby |  |
|  | Recommended/Not Recommended |
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| for promotion in academic rank from  |
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ASSOCIATE PROFESSOR TO PROFESSOR

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| Rationale and Summary Statement: |
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