# TO: METROPOLITAN CAMPUS COMMITTEE ON ACADEMIC RANK

APPLICATION FOR ADVANCEMENT IN RANK FROM

ASSISTANT PROFESSOR TO ASSOCIATE PROFESSOR

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| --- | --- |
| Name  |  |
| Major Teaching Area |  |
| Date Initially Employed Full-Time |  |
| Date of Receipt of Rank of Assistant 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, Library*) |
|  | and/or |
|  | Copy to Associate Dean |

Promotion in Rank

APPLICATION: ASSISTANT PROFESSOR TO ASSOCIATE 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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|  | **and** |  |  |
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|  | **\*Legal or Professional License** |  |  |
|  |  | Awarding Agency |
|  |  |  |
|  |  |  |  |
|  | Date Received |  | Name of License |
|  |  |  |
| Plus Thirty Additional Semester Hours\* |  |  |
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|  | Areas of Study |
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| **Institution(s)** | **Date(s)** | **Hours** |
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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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| **Other Related Work Experience** |  |
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| **Dates** | **Description** |
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**COMMITTEE RECOMMENDATION**

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| Applicant |  |
| is hereby |  |
|  Recommended/Not Recommended | Recommended/Not Recommended |
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|  |
| for promotion in academic rank from  |

ASSISTANT PROFESSOR TO ASSOCIATE 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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**ASSOCIATE** **DEAN’S RECOMMENDATION**

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| Applicant |  |
| is hereby | Recommended/Not Recommended |
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|  |
| for promotion in academic rank from  |

ASSISTANT PROFESSOR TO ASSOCIATE PROFESSOR

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| Rationale and Summary Statement: |
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|  Associate Dean | Date |
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**DEAN’S RECOMMENDATION**

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| Applicant |  |
| is hereby | Recommended/Not Recommended |
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|  |
| for promotion in academic rank from  |

ASSISTANT PROFESSOR TO ASSOCIATE PROFESSOR

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| Rationale and Summary Statement: |
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|  Dean | Date |
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Attachments

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| --- | --- | --- | --- |
|  |  | Faculty Supportive Statements |  |
|  |  | Student Supportive Statements and Evaluations |  |
|  |  | Assistant Dean and/or Associate Dean’s Recommendation |  |
|  |  | Dean’s Recommendation |  |

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