FACULTY PROMOTION REVIEW

PROMOTION TO:

- [ ] Assistant Professor
- [ ] Associate Professor
- [ ] Professor

<table>
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<tr>
<th>Name of Faculty Member</th>
<th>College</th>
<th>Department</th>
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<tr>
<th>Current Rank</th>
<th>Highest Degree</th>
<th>Prior Service Credit</th>
<th>Date of Hire</th>
<th>Current Probationary Year</th>
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**INSTRUCTIONS**

1. Attach an 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 _____________
RECOMMENDATION OF COLLEGE PERSONNEL COMMITTEE

We □ do □ do not recommend approval.

Names of Committee Members: ____________________________________________

__________________________________________________________ Date ____________

Committee Vote: ____ Yes _____ No _____ Abstain

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: ____________________________________________

__________________________________________________________ Date ____________

Committee Vote: ____ Yes _____ No _____ Abstain

RECOMMENDATION OF PROVOST AND EXECUTIVE VICE PRESIDENT FOR ACADEMIC AFFAIRS

I □ do □ do not recommend approval.

Signature of Provost ____________________________________________ Date ____________

DECISION OF THE PRESIDENT

I □ do □ do not recommend approval. If approval is recommended, I will forward this action to the Board of Trustees for approval.

Signature of President ____________________________________________ Date ____________