**FORM 3**

**COLLEGE/DEPARTMENT/OFFICE PROMOTION COMMITTEE**

**RECOMMENDATION FORM**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Department/Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for Promotion to Rank of: Assistant Associate Full (Circle)

Years of Service at Rowan:

**Recommendation Vote:** Promote

 Do Not Promote

 Date of Vote:

(See 5.3443, which indicates that the numerical vote must be recorded)

**Attach the Committee’s assessment of the following areas:**

 **1. Teaching Effectiveness OR Professional Performance**

 **2a. Scholarly and Creative Activity (faculty/librarians), OR**

 **2b. Professional Development (Staff, Instructors)**

 **3. Service to the University Community**

 **4. Service to the Wider and Professional Community**

**Committee Members:**

 *Print or Type* *Signature*

(indicate Chair of committee next to printed name)

**Candidate’s Reaction Attached** (if any): YES NO (circle one)

Candidate’s Signature: Date: