# DEPARTMENT COMMITTEE PROMOTION RECOMMENDATION FORM

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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for promotion to:**

**Recommendation:** **Promote**: **Do Not Promote**: **Date:**

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

**1. Teaching Excellence**

**2. Scholarly and Creative Activity**

**3. Service to the University Community**

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

**Committee Members**:

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*Print or type* *Signature*

**Department Committee Chairperson Department Committee Chairperson**

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*Print or type* *Signature*

**Candidate’s Reaction** (if any): Attach at end of Committee Assessment

Candidate’s Signature: Date:

Date: