## DEPARTMENT COMMITTEE PROMOTION RECOMMENDATION FORM

## FOR TEACHING FACULTY

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application for promotion to: □ Associate Teaching Professor □ Teaching Professor** (check one)

**Recommendation: Promote: Do Not Promote: Abstain: \_\_\_\_\_\_\_\_\_**

**Date:**

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

**1. Teaching Effectiveness**

**2. Professional Development**

**3. Service to the University Community, and the Wider and Professional Community (if applicable)**

**Committee Members:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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*Print or type* *Signature*

**Department Committee Chairperson**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Print or type* *Signature*

**Candidate’s Signature: Date:**

**Candidate’s Response** (if any):Attach after the Committee Evaluation Letter