

UNIVERSITY OF DELAWARE

Recommendation for Promotion

Date

1. Recommend Promotion to the Rank of _____

2. Name _____
Last First Middle

3. College _____ Department _____

4. Rank and Date of Initial Appointment _____
Rank Date

5. Number of Years at Each Rank at University of Delaware

Rank _____ Date of Appointment or Promotion _____

Rank _____ Date of Appointment or Promotion _____

Rank _____ Date of Appointment or Promotion _____

Total Years of Service at U. Of D. _____

6. Previous Professional Experience

Rank _____ Institution _____ Dates _____

Rank _____ Institution _____ Dates _____

Rank _____ Institution _____ Dates _____

7. Education:

Highest Degree _____ Institution _____ Date _____

Dissertation Topic:

Supervisor _____

8. Memberships in Professional and Learned Societies and Positions held (since last promotion)

9. Professional Honors and Awards (since last promotion)

10. Recommendation by Department Committee:

Please initial: _____ Approve Promotion _____ Promotion Not Approved

Committee Chairperson Signature _____ Date _____

11. Recommendation by Department Chairperson:

Please initial: _____ Approve Promotion _____ Promotion Not Approved

Department Chairperson Signature _____ Date _____

12. Recommendation by College/Division Committee:

Please initial: _____ Approve Promotion _____ Promotion Not Approved

Committee Chairperson Signature _____ Date _____

13. Recommendation College Dean/Division Director:

Please initial: _____ Approve Promotion _____ Promotion Not Approved

Dean/Director Signature

Date

14. Recommendation by University Senate Committee:

Please initial: _____ Approve Promotion _____ Promotion Not Approved

Committee Chairperson Signature

Date

15. Recommendation by the Provost and Vice President for Academic Affairs:

Please initial: _____ Approve Promotion _____ Promotion Not Approved

Provost Signature

Date