RECOMMENDATION FOR

TRANSITION TO NEW FACULTY RANK

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| **I. (TO BE COMPLETED BY DEPARTMENT CHAIR AND DEAN)** |
|  Name: |  LIN:  |
|  Department: |
|  Current Rank: |  Hire date of Existing Faculty Rank: |
|  Professor of Practice Exemption Request? YES NO  |
|  Proposed New Rank: |
| Chairperson's Signature: signature date Dean's Signature: signature date |
| ATTACH ANY SUPPORTING MATERIALS (e.g. CV, Teaching Statement, etc.) |
| **II. Provost Office**Provost's Recommendation: Provost's Signature: signature date |

2.16.22