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