

# RECOMMENDATION FOR PROMOTION

Effective Date August 2020

University of West Georgia

Name: \_\_\_\_\_ Date: \_\_\_\_\_

As of the submission date:

1. Highest Degree Earned: \_\_\_\_\_
2. Date and Institution Awarding Highest Degree: \_\_\_\_\_
3. Total number of years as a full-time educator at a college or university: \_\_\_\_\_
4. Initial Employment Date (full-time service only): \_\_\_\_\_
5. Number of years employed full-time at the University of West Georgia (includes current Academic Year): \_\_\_\_\_
6. Present Rank and Title: \_\_\_\_\_
7. Years in Present Rank & Title at University of West Georgia (includes current Academic Year):  
\_\_\_\_\_
8. Current Tenure Status: \_\_\_\_\_
9. Rank and Title sought: \_\_\_\_\_

**Summary of Action:**

	Signature	Date	Approved/ Disapproved
Department Committee	_____		
Department Chair	_____		
College Promotion Committee	_____		
College Dean	_____		
Provost	_____		
President	_____		