

**UNIVERSITY OF GEORGIA RECOMMENDATION FOR PROMOTION FORM FOR
LECTURERS**

(This form cannot exceed one page)

Candidate's Full Name:	<input type="text"/>		
School/College/Department:	<input type="text"/>		
Current Rank Title:	<input type="text"/>	Number Years in Current Rank*:	<input type="text"/>
Recommended Rank Title:	<input type="text"/>		
Number Years at UGA*:	<input type="text"/>	Number Years Teaching at UGA (if applicable):	<input type="text"/>
Highest Degree Earned:	<input type="text"/>		

(Signatures and Votes Required As Applicable)

UNIT PROMOTION REVIEW:

PROMOTION VOTE: #Yes #No

Recommend: (circle one) Yes No

Promotion Unit Committee Chair's Signature

Date

SCHOOL/ COLLEGE PROMOTION REVIEW:

PROMOTION VOTE: #Yes #No

Recommend: (circle one) Yes No

School / College Promotion Review Committee Chair's Signature

Date

DEAN'S PROMOTION REVIEW (as applicable to position):

Dean/Director's Signature

Recommend: (circle one) Yes No

Date

VICE PRESIDENT FOR INSTRUCTION REVIEW (as applicable to position):

Vice President for Instruction Signature

Recommend: (circle one) Yes No

Date

PROMOTION APPROVED:

Senior Vice President for Academic Affairs & Provost's Signature

(circle one) Yes No

Date

President's Signature

(circle one) Yes No

Date

** Includes year under consideration for promotion*