

UNIVERSITY OF GEORGIA RECOMMENDATION FOR PROMOTION FORM FOR CLINICAL FACULTY

(This form cannot exceed one page)

Candidate's Full Name:

School/College/Department:

Current Rank Title: Total Years in Current Rank*:

Recommended Rank Title:

Total Years at UGA*: Total Years Teaching Experience:

Highest Degree Earned:

UNIT PROMOTION REVIEW:

PROMOTION VOTE: #Yes #No

Recommend: *(circle one)* Yes No

PTU Head'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 RECOMMENDATION:

Recommend : *(circle one)* Yes No

Dean's Signature

Date

UNIVERSITY PROMOTION REVIEW:

PROMOTION VOTE: #Yes #No

Recommend** : *(circle one)* Yes No

University Promotion Review Committee Chair's Signature

Date

PROVOST'S SIGNATURE:

Date

Date

PROMOTION APPROVED:

(circle one) Yes No

President's Signature

Date

* Includes year under consideration for promotion and/or tenure

**A 2/3 majority of eligible voters is required to overturn the recommendation from the previous review committee.