

# UNIVERSITY OF GEORGIA RECOMMENDATION FOR PROMOTION FORM FOR TENURE-TRACK/TENURED 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:

Current Tenure Status:

Is separate recommendation for tenure being forwarded this year? (select one)

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.