

**UNIVERSITY OF GEORGIA RECOMMENDATION FOR PROMOTION FORM  
FOR ACADEMIC PROFESSIONAL, LECTURER, LIBRARIAN, PUBLIC  
SERVICE, AND RESEARCH SCIENTIST RANKS**

*(This form cannot exceed one page)*

Candidate's Full Name:

School/College/Department:

Current Rank Title:  Number Years in Current Rank\*:

Recommended Rank Title:

Number Years at UGA\*:  Number Years Teaching at UGA (if applicable):

Highest Degree Earned:

***(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

\_\_\_\_\_  
Promotion Unit Head's Signature

\_\_\_\_\_  
Date

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

Recommend: (circle one) Yes No

\_\_\_\_\_  
Dean/Director's Signature

\_\_\_\_\_  
Date

**UNIVERSITY PROMOTION REVIEW:**

PROMOTION VOTE: #Yes  #No

Recommend: (circle one) Yes No

\_\_\_\_\_  
University Promotion Review Committee Chair's Signature

\_\_\_\_\_  
Date

**VP/ASSOC. PROVOST'S PROMOTION REVIEW (as applicable to position):** Recommend: (circle one) Yes No

\_\_\_\_\_  
Vice President/Associate Provost's Signature

\_\_\_\_\_  
Date

**PROMOTION APPROVED:**

(circle one) Yes No

\_\_\_\_\_  
Senior Vice President for Academic Affairs & Provost's Signature

\_\_\_\_\_  
Date

(circle one) Yes No

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

**\* Includes year under consideration for promotion**