

UNIVERSITY OF GEORGIA RECOMMENDATION FOR PROMOTION FORM FOR LECTURERS

(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

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):

Recommend: (circle one) Yes No

Dean/Director's Signature

Date

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

Recommend: (circle one) Yes No

Vice President for Instruction 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