

Appendix I

RECOMMENDATION FOR PROMOTION IN ACADEMIC RANK

Name of Faculty Member: _____ Date of Submission: _____

Current Rank: _____ Years in Current Rank: _____ Years at UND: _____

Academic Track (Scientist, Educator, Clinician): _____

Academic Department: _____ Highest Degree: _____

As to the recommendation for promotion to academic rank of: _____

Action of the Departmental Committee on Promotion and Tenure

Recommend promotion

Votes for

Does not recommend promotion

Votes against

Signature, Dept. CPT Chair

Action of the Department Chair

Recommend promotion

Does not recommend promotion

Signature, Departmental Chair

Action of the SMHS Committee on Promotion and Tenure

Recommend promotion

Votes for

Does not recommend promotion

Votes against

Signature, SMHS CPT Chair

Action of the Dean

Recommend promotion

Does not recommend promotion

Signature, Dean SMHS