CLINICAL/VOLUNTEER FACULTY PROMOTION REQUEST

Clinical Science Departments



Name:	
Department:	Must Attach:
Campus:	Current CV Position Description
Promotion requested: BoardBoa	Board Certification (if applicable)
·	Chair Letter (Proof faculty meets criteria for requested rank)
Board Certified: YES NO NOT APPLICABLE	Draft Letter of Appointment
Recommendation of Department Chair:	
Promote to:	
Department Chair	Date
Recommendation of Senior Associate Dean, Academic Affai	
☐ Remain at current rank ☐ Prome	ote to
Senior Associate Dean for Academic Affairs	Date
Approval of Dean:	
☐ Remain at current rank ☐ Prome	ote to
Dean/Designee	 Date
Deally Designee	Date
A letter of promotion should be sent to the above named person of	• ,
the position and requesting that he or she sign that letter indicating Academic Affairs.	ng acceptance. Please return the signed letter

Office of Academic Affairs use only:

Return copy of completed form to Department Signed acceptance letter of promotion received Update database and Versatile, and ERMS Create/send certificate Notify department/campuses