

CLINICAL/VOLUNTEER FACULTY PROMOTION REQUEST

Health Science Departments



Name: _____

Department: _____

Campus: _____

Promotion requested: BoardBoa

Board Certified: YES NO NOT APPLICABLE

Must Attach:

- ☐ Current CV
- ☐ Position Description
- ☐ Board Verification (if applicable)
- ☐ Chair Letter (Proof faculty meets criteria for requested rank)
- ☐ Draft Letter of Appointment

Recommendation of Department Chair

☐ Promote to _____

Department Chair

Date

Recommendation of Associate Dean for Health Sciences:

☐ Remain at current rank ☐ Promote to _____

Associate Dean for Health Sciences

Date

Recommendation of Senior Associate Dean, Academic Affairs Office

☐ Remain at current rank ☐ Promote to _____

Senior Associate Dean for Academic Affairs

Date

Approval of Dean

☐ Remain at current rank ☐ Promote to _____

Dean/Designee

Date

A letter of promotion should be sent to the above named person outlining the responsibilities and parameters of the position and requesting that he or she sign that letter indicating acceptance. Please return the signed letter to Academic Affairs, Stop 9037.

Office of Academic Affairs use only:

- ☐ Return copy of completed form to Department
- ☐ Acceptance letter of promotion received
- ☐ Update database and Versatile
- ☐ Create ID Card/certificate, send to department and notify campuses