CLINICAL/VOLUNTEER FACULTY PROMOTION REQUEST

Clinical Science Departments			School of Medicine & Health Sciences	
Name:			UNIVERSITY OF NORTH DAKOTA 🕴	
Department:			Must Attach: Current CV	
Campus:			Position Description Board Certification (if applicable) Chair Letter (Proof faculty meets criteria for requested rank)	
Promotion request	ed: BoardBoa			
Board Certified:	YES NO	NOT APPLICABLE	Draft Letter of Appointment	
Recommendation	of Department	Chair:		
Promote to:				
Department Chair			Date	
Remain at curre			ote to	
Kenneth Ruit, Ph.D. Senior Associate Dean for Education, Medical Accreditation, and Faculty Affairs			Date	
Approval of Dean:				
□ Remain at curre	ent rank	Prome	ote to	
Marjorie Jenkins, N Vice President of H			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 Education and Faculty Affairs.

Office of Education and Faculty 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