

Appendix I

RECOMMENDATION FOR PROMOTION IN ACADEMIC RANK

Name of Faculty Member: _____ Date of Submission: _____

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

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 or Program 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