

University of South Alabama
College of Arts and Sciences

Department of _____

Department Promotion Committee Recommendation Form

1. Candidate's Name: _____
2. Present rank: _____
3. Rank for which candidate is being considered: _____
4. Years at present rank at University of South Alabama (including current year): _____
5. Number of years credit granted for prior experience at present rank: _____
6. Record of Vote:

(Secret Ballot Required ; Record Number)

- _____ Recommending promotion
- _____ Not recommending promotion
- _____ Abstaining
- _____ Recuse

Recommendation of the Promotion Committee:

Name and rank of Promotion Committee chair:

Names and ranks of other Promotion Committee members:

Recusal: Who and

Why: _____

Method used to select the Promotion Committee:

Method used to select the Promotion Committee chair:

12. Please identify all of the materials that were examined by Promotion Committee:

- _____ Candidate's curriculum vitae
- _____ Candidate's publications / Portfolio
- _____ Copies of papers / creative works presented by the candidate
- _____ Candidate's student evaluations
- _____ Candidate's course syllabi
- _____ Candidate's self-evaluation statements
- _____ Enrollment figures for candidate's classes
- _____ Published commentaries on the candidate's work
- _____ Confidential evaluations of candidate's work by recognized experts in the field
- _____ Other materials (please specify):

13. Please describe the Department Chair's participation in the Promotion Committee's deliberations:

14. App7rd (e)Tj 0.01 Tw (works)Tj 0.091uC.r0 rm <</MCID 22 >>BDC 0.0b4.969 0_____3 725_____11>Tj(p m)Tj .

15. Certification. The 3 U R P R W L R Q Committee Chair and Members must personally sign and date this recommendation:

_____ Signature	Chair, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date
_____ Signature	Member, Department 3 U R P R W L R Q Committee	_____ Date