

Appendix B

Record of Promotion Votes and Recommendations

Name of Candidate: _____

Dept. and College: _____

Rank: _____

Date Appointed to Rank: _____

Type of Action:

Promotion to the rank of Senior Lecturer
 Promotion to the rank of Clinical Assistant Professor

Record of Actions	Recommendation		Vote	
	Yes	No	Yes	No
Department Chair				
College Committee				
Dean's recommendation				
Provost's recommendation				

College Committee

Name _____

Name _____

Name _____

Name _____

Name _____