

**UNIVERSITY OF GEORGIA
RECOMMENDATION FOR PROMOTION FORM
FOR NON-TENURE TRACK FACULTY RANKS ONLY**

(This form cannot exceed one page)

Candidate's Full Name:

School/College/Department:

Current Rank Title: Number Years in Current Rank*:

Recommended Rank Title:

Number Years at UGA*: Number Years Teaching at UGA (if applicable):

Highest Degree Earned:

(Signatures and Votes Required As Applicable)

UNIT PROMOTION REVIEW:

PROMOTION VOTE: #Yes #No

Recommend: (circle one) Yes No

Promotion Unit Committee Chair's Signature

Date

Promotion Unit Head's Signature

Date

DEAN'S PROMOTION REVIEW (as applicable to position):

Recommend: (circle one) Yes No

Dean/Director's Signature

Date

UNIVERSITY PROMOTION REVIEW:

PROMOTION VOTE: #Yes #No

Recommend: (circle one) Yes No

University Promotion Review Committee Chair's Signature

Date

VP/ASSOC. PROVOST'S PROMOTION REVIEW (as applicable to position):

Recommend: (circle one) Yes No

Vice President/Associate Provost's Signature

Date

PROMOTION APPROVED:

Senior Vice President for Academic Affairs & Provost's Signature

Date

President's Signature

Date

*** Includes year under consideration for promotion**