

Appendix D

APPLICATION FOR PROMOTION IN RANK

Name of Applicant _____

Proposed Rank _____

Current Rank and Position Held _____

Years of Service at Bacone College From _____ through _____

Years of Experience Prior to Bacone College _____

Highest Degree Held _____

Performance Evaluation Results Since Last Promotion (Copies of evaluations may be attached)

Attach Portfolio for review.

Additional information for consideration

APPLICATION FOR PROMOTION IN RANK RECOMMENDATIONS

Name of Applicant _____
Rank applied for _____

Recommendation by Department/Department Chair or Dean is:

_____ approved.

_____ not approved.

Reason(s) for denial of promotion.

Signature of Department/Department Chair or Dean

Date

Recommendation by Faculty Senate is:

_____ approved.

_____ not approved.

Reason(s) for denial of promotion.

Signature of Approving Official from Faculty Senate

Date

Recommendation by the Academic Vice President:

_____ approved.

_____ not approved.

Reason(s) for denial of promotion.

Signature of the VPAA

Date

Recommendation by the President is:

_____ approved.

_____ not approved.

Reason(s) for denial of promotion.

Signature of the President

Date

Action taken by the Board of Trustees is:

_____ approved.

_____ not approved.

Reason(s) for denial of promotion.

Signature of Approving Official

Date