

**RECOMMENDATION FOR ACADEMIC
PROMOTION IN RANK**

Name (last, first, initial) Sam ID Present Rank Department

Academic degrees, institution granting, and year received: _____

Tenure Status: Tenured _____ (year) _____ Probationary: _____

Years in Present Rank: _____

Date of initial employment at SHSU: _____

Refer to Academic Policy Statement 900417, "Faculty Reappointment, Tenure, and Promotion," Section 5, in denoting your judgment regarding the following items:

_____ Fails to meet basic requirements:

_____ Unsatisfactory

_____ Marginal

_____ Satisfies basic requirements:

_____ Acceptable

_____ Good

_____ Exceeds basic requirements:

_____ Outstanding

_____ Superior

Recommendation on Promotion in Rank:

____ Yes, to rank of _____, with a salary increment adjustment of \$ _____.
____ No

Department/School Chair Date

Recommendation on Promotion in Rank:

____ Yes, to rank of _____, with a salary increment adjustment of \$ _____.
____ No

Academic Dean/Director Date

Recommendation on Promotion in Rank:

____ Yes, to rank of _____, with a salary increment adjustment of \$ _____.
____ No

Provost and VPAA Date

