

RECOMMENDATION FOR ACADEMIC PROMOTION IN RANK

Name (last, first, initial) SSN/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

