

**COLLEGE OF HEALTH RELATED PROFESSIONS**  
**RECOMMENDATION FOR PROMOTION**

Date: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Present Academic Rank: \_\_\_\_\_

Tenure         Yes         No

Department: \_\_\_\_\_

Selected Promotion and Tenure Guidelines:  1985         2002

**RECOMMENDATIONS:**

- Recommended
- Not Recommended

\_\_\_\_\_  
College Committee Chairman

\_\_\_\_\_  
Date

- Recommended
- Not Recommended

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date