

**University of Georgia  
Recommendation for Promotion Form  
For Non-Tenure Track Faculty Ranks Only  
(This form cannot exceed one page)**

Candidate's Name: \_\_\_\_\_

Unit/School/College/Department: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Current Rank Title: \_\_\_\_\_

Number of Years in Current Rank: \_\_\_\_\_ Date of Most Recent Promotion: \_\_\_\_\_

Recommended Rank Title: \_\_\_\_\_

Number Yrs at UGA\*: \_\_\_\_\_ Date of Appointment at UGA: \_\_\_\_\_

Number Yrs Teaching at UGA (if applicable): \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

All of the Above Information Must Be Verified for Accuracy by the Unit/School/College Department.

Information Verified by: \_\_\_\_\_  
Name and Title Telephone Number

**SUMMARY OF ACTION**  
(Signatures and Votes Required as Applicable)

DEPARTMENT or DISTRICT PROMOTION REVIEW (if applicable):

Promotion Vote: # Yes \_\_\_\_\_ # No \_\_\_\_\_ Recommend: (circle one) Yes No

\_\_\_\_\_  
Promotion Unit Committee Chair's Signature Date

\_\_\_\_\_  
Promotion Unit Head's Signature Date

UNIT/SCHOOL/COLLEGE PROMOTION REVIEW:

Promotion Vote: # Yes \_\_\_\_\_ # No \_\_\_\_\_ Recommend: (circle one) Yes No

\_\_\_\_\_  
Unit/School/College Promotion Review Committee Chair's Signature Date

DEAN/DIRECTOR'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

VICE PRESIDENT'S PROMOTION REVIEW (as applicable to position): Recommend: (circle one) Yes No

\_\_\_\_\_  
Vice President for Public Service and Outreach's Signature Date

PROMOTION APPROVED:

\_\_\_\_\_  
Senior Vice President for Academic Affairs and Provost's Signature Date

\_\_\_\_\_  
President's Signature Date

\*Includes year under consideration for promotion.