Recommendation for Specialized Faculty Promotion

## Please indicate the applicable appointment track:

[ ]  Teaching Professor track

[ ]  Research Professor track

[ ]  Clinical Professor track

Date:

College:

School:

Department:

Recommendation for:

[ ]  New Hire

[ ]  Current Employee\*

Name:

Current Academic Rank:

Recommended Rank:

Highest Degree:

Date Awarded:

Institution:

Field:

\*Last Promotion at Illinois (*current employee only*):

\*Initial Appointment at Illinois (in modified professor position) (*current employee only*):

### **Academic Activities, percentage of time (average for past three years)**

(*Note: These should be determined or confirmed by the Unit Executive Officer.)*

1. Instructional activities (if applicable): [X%]
2. Research activities (if applicable): [X%]
3. Professional/Disciplinary and University Service activities (if applicable): [X%]

### Votes of Faculty Committees\*

Department:

[ ]  For

[ ]  Against

[ ]  Recusal

School:

[ ]  For

[ ]  Against

[ ]  Recusal

College:

[ ]  For

[ ]  Against

[ ]  Recusal

\*Note: Recusal should be used when person has a conflict of interest or is voting on the case at another level.

### Approvals

(For members who have joint appointments, recommendations must be approved by all units.)

**Department**

[Print Name]

Signature

**School**

[Print Name]

Signature

**College**

[Print Name]

Signature

### Campus Approvals

**Provost (or designee)**

[Print Name]

Signature