La Sierra University

Promotion Review Processing Form

To be filled out by Department and Dean's office

_____ _____ _____
Name Department School

_____ _____
Current Academic Year Current Rank

Inst. Asst. Assoc. Prof.

Date hired at LSU _____ Yrs in rank at LSU _____ _____ _____ _____

No. of years prior professional experience_____ Elsewhere _____ _____ _____ _____

Dates of prior professional experience _____ Appropriate Terminal Degree _____

Highest degree held _____ Institution _____ Date _____

Candidate for degree of _____ Institution _____ Expected completion date _____

1. Department Recommendation: _____Yes _____ No Date _____ Signed _____ Another dept is submitting a separate evaluation Department _____	2. School Committee Recommendation: _____ Yes _____ No Committee vote: Approve ____ Deny ___ Abstain ___ Absent ___ Recused ___ Date _____ Signed _____ Another school is submitting a separate evaluation School _____
3. School Dean's Recommendation: _____ Yes _____ No Date _____ Signed _____	4. University Committee Recommendation: _____ Yes _____ No Committee vote: Promotion ____ Deny ____ Abstain ____ Absent ____ Date _____ Signed _____
5. Provost Recommendation: _____ Yes _____ No Date _____ Signed _____	6. University Action: _____ Yes _____ Effective date _____ No UNCO action # _____ Date _____
Comments:	

Copies to: Faculty Member; Dean; Department; Human Resources; School R&T Committee; University R&T Committee; President; Provost;