**FACULTY PROMOTION FORM**

Items 1 and 2 of this form **must be completed by all faculty members requesting promotion** and forwarded to their immediate supervisor. In listing your qualifications in paragraph 2, restrict your choice of words to VCCS-29 Phraseology, i.e., nominal, extensive or average. If you feel your qualifications surpass the minimum criteria for promotion, **please provide support statements on an attached piece of paper.**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teaching Field/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last / First

2. VCCS-29 Present Status Requested Status

 Column (1-6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Teaching Effectiveness | Minimum Criteriaas listed in VCCS-29 | Your Qualifications\* |
| College Training |  |  |
| Related Occupational Experience | years | years |
| Total Teaching Experience | years | years |
| VCCS Experience (Full-time) | years | years |
| Professional Activities and Contributions |  |  |
| Minimum In-grade Experience In Previous Rank | years | years |

3. Action by Immediate Supervisor: Completed section “a” or “b” (below) and provide justification on back of this sheet.

a. This faculty member received a rating of “meets expectations” on their most recent evaluation. I recommend this faculty member for promotion. I certify that the personnel folder of this faculty member substantiates the minimum criteria set forth above.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. I do not recommend this faculty member for promotion.

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Action by the VP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Action by the President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Source of information is Evaluation Folder. If otherwise, please document.