

RECOMMENDATION FOR PROMOTION
Effective Date August 2023
University of West Georgia

Name: _____ Date: _____

As of the submission date:

1. Highest Degree Earned: _____
2. Date and Institution Awarding Highest Degree: _____
3. Total number of years as a full-time educator at a college or university: _____
4. Initial Employment Date (full-time service only): _____
5. Number of years employed full-time at the University of West Georgia (includes current Academic Year): _____
6. Present Rank and Title: _____
7. Years in Present Rank & Title at University of West Georgia (includes current Academic Year):

8. Current Tenure Status: _____
9. Rank and Title sought: _____

Summary of Action:

	Signature	Date	Approved/ Disapproved
Department Committee	_____		
Department Chair	_____		
College Promotion Committee	_____		
College Dean	_____		
Provost	_____		
President	_____		