

**ACADEMIC AFFAIRS OFFICE
UNIVERSITY OF CENTRAL OKLAHOMA
EDMOND, OKLAHOMA**

Recommendation for Promotion

College of _____

(Note: Use additional pages as necessary, numbering 2 of __, etc.)

The following faculty are recommended for promotion effective with the fall semester of the _____ academic year:

NAME	DEPARTMENT	FROM (RANK)	TO (RANK)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following faculty are not being recommended for promotion (include those eligible for tenure consideration who did not apply and note they did not apply):

NAME	DEPARTMENT	CURRENT RANK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dean's Signature

Date

Academic Vice President

Date