## UTC Promotion Recommendation Form

Name:			Department: _	_			
Current Rank:			Personnel №:				
			Years at Rank: Total Years Tenured or on Tenure Track:				
							To be Considered for
EDO Rating history	Year:	Rating:					
	Year:	Rating:					
	Year:	Rating:					
Note: Year for EDO Ro	ating should indicate o	academic yea					
Action of Departmen	tal RTP Committee						
Vote Count: For Promotion: Against Pro			motion:	_ Abstentions:			
Names of Committee	Members:						
Signature of RTP Com	mittee Chair:				Date:		
Action by Departmen	nt Head						
Recommends for Promotion: Recomm			mends Against P	romotion:			
Signature of Departm	ent Head:				Date:		
Action by College RTF	P Committee						
Recommends for Pro	motion:	Recom	mends Against P	romotion:			
Signature of College F	RTP Comm. Chair:				Date:		
Action by Dean							
Recommends for Promotion: Recommends			mends Against P	romotion:			
Signature of Dean:					Date:		

## **Action by Provost**

Recommends for Promotion:	Recommends Against Promotion:		
Signature of Provost:		Date:	
Action by Chancellor			
Recommends for Promotion:	Recommends Against Promotion:		
Signature of Chancellor:		Date:	

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