Distribution
Payroll
Provost's Office
Dean
Department

The University of Iowa
Recommendation for Faculty Promotion

To be completed by the candidate:

Name: _____ Employee ID: _____

Primary Appointment: _____ _____
College Department

Secondary Appointment: _____ _____
College Department

Date of Initial Appointment (Assistant Professor or above at The University of Iowa): _____

Present Rank: _____ ☐ With Tenure ☐ Without Tenure Date attained: _____

To be completed by the Departmental Executive Officer:

Proposed Rank: _____ ☐ With Tenure ☐ Without Tenure Date effective: _____

If proposed rank is without tenure, indicate term of appointment.

This is a _____ year appointment beginning _____ and ending _____
(mo. day yr.) (mo. day yr.)

Vote of Departmental Consulting Group:

Primary Appointment: For promotion: _____ Against promotion: _____ Abstained: _____

Secondary Appointment: For promotion: _____ Against promotion: _____ Abstained: _____

To be completed by the Dean:

Is there a summary report from the Collegiate Consulting Group? ☐ Yes ☐ No

Vote of Collegiate Consulting Group:

Primary Appointment: For promotion: _____ Against promotion: _____ Abstained: _____

Secondary Appointment: For promotion: _____ Against promotion: _____ Abstained: _____

Recommendations:

Primary Department:

☐ Recommend
☐ Do not recommend _____ Executive Officer

☐ Recommend
☐ Do not recommend _____ Dean

Secondary Department:

☐ Recommend
☐ Do not recommend _____ Executive Officer

☐ Recommend
☐ Do not recommend _____ Dean

Provost:

☐ Recommend
☐ Do not recommend _____ Provost

_____ Provost Date