

**The University of Iowa
Recommendation for Faculty Promotion**

Distribution Payroll Provost's Office Dean Department
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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 Date attained: _____
 Without Tenure

To be completed by the Departmental Executive Officer:

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

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

<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend
<input type="checkbox"/> Do not recommend _____ Executive Officer	<input type="checkbox"/> Do not recommend _____ Dean

Secondary Department

<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend
<input type="checkbox"/> Do not recommend _____ Executive Officer	<input type="checkbox"/> Do not recommend _____ Dean

Provost

<input type="checkbox"/> Recommend	_____
<input type="checkbox"/> Do not recommend _____ Provost	_____ Provost Date