

PROMOTION RECOMMENDATIONS SUMMARY

Office of the Provost and Vice President Academic Affairs

NAME _____ APPLYING FOR PROMOTION TO _____

DEPARTMENT _____ COLLEGE _____

HIGHEST DEGREE/DATE RECEIVED _____ TENURE STATUS _____
month/year

MSU APPOINTMENT MONTH AND YEAR _____

YEAR GIVEN RANK _____ INSTRUCTOR _____ ASSISTANT PROFESSOR _____ ASSOCIATE PROFESSOR
AT MURRAY STATE

		PROMOTION RECOMMENDED	PROMOTION NOT RECOMMENDED
_____	_____	_____	_____
Department Committee, Chair	Date		
_____	_____	_____	_____
Department Chair	Date		
_____	_____	_____	_____
College/School/Library Committee, Chair	Date		
_____	_____	_____	_____
Dean/Director	Date		
_____	_____	_____	_____
Promotion and Leave Committee, Chair	Date		
_____	_____	_____	_____
Provost	Date		

Please circle: APPROVED DISAPPROVED

President Date

Promotion granted by action of the Board of Regents of Murray State University.

Promotion Effective _____