



**OFFICE OF ACADEMIC AFFAIRS  
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 at this time:

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

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Vice President

\_\_\_\_\_  
Date