

# 2024-2025 SUMMARY COVER SHEET

## CLINICAL/RESEARCH FACULTY PROMOTION – COLLEGE OF MEDICINE ONLY

NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ COLLEGE: College of Medicine

RECOMMENDED FOR PROMOTION TO:

CLINICAL/RESEARCH ASSOCIATE PROFESSOR

CLINICAL/RESEARCH PROFESSOR

IS THIS EARLY PROMOTION?      YES      NO      \_\_\_\_\_ NUMBER OF YEARS IN CURRENT RANK

JUSTIFICATION FOR EARLY PROMOTION IF LESS THAN FIVE YEARS IN RANK: (Must also be in the supervisor's letter)

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DATES OF EMPLOYMENT AND HISTORY OF RANKS HELD AT FSU: (Dates are to be consistent with those on vita and other documents)

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SUMMARY OF COMMITTEE BALLOTS AND EACH ADMINISTRATIVE OFFICER REVIEWING FILE:

	<u>ELIGIBLE</u> <small>Numerical only, no check marks</small>	<u>AFFIRMATIVE</u> <small>Numerical only, no check marks</small>	<u>NEGATIVE</u> <small>Numerical only, no check marks</small>	<u>ABSTAINING</u> <small>Numerical only, no check marks</small>	<u>ABSENT</u> <small>Numerical only, no check marks</small>
DEPARTMENT/UNIT COMMITTEE	_____	_____	_____	_____	_____
DEPARTMENT CHAIR/SUPERVISOR	_____	_____	_____	_____	_____
COLLEGE COMMITTEE	_____	_____	_____	_____	_____
DEAN	_____	_____	_____	_____	_____
OFFICE OF THE VPFDA (check mark only)		ELIGIBLE _____	NOT ELIGIBLE _____		
PROVOST OR VP FOR RESEARCH		_____	_____		
PRESIDENT		_____	_____		

CERTIFICATION THAT CANDIDATE HAS HAD OPPORTUNITY TO REVIEW COMPLETED BINDER:

Signature Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Chair (or equivalent) or Dean (or equivalent): \_\_\_\_\_ Date: \_\_\_\_\_