

# 2022-2023 SUMMARY COVER SHEET – SPECIALIZED FACULTY PROMOTION

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

DEPARTMENT: \_\_\_\_\_ COLLEGE/CENTER: \_\_\_\_\_

TEACHING FACULTY      INSTRUCTIONAL SPECIALIST      RESEARCH FACULTY/CURATOR      RESEARCH SUPPORT      LIBRARIAN

RECOMMENDED FOR PROMOTION TO: \_\_\_\_\_

NUMBER OF ACADEMIC YEARS IN CURRENT RANK: \_\_\_\_\_ (include current academic year)

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

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(Dates are to be consistent with those on vita and other documents. Do not include time as an adjunct or in staff or non-specialized faculty ranks. Time spent in a visiting position must be the same as the current regular appointment.)

DATES OF EMPLOYMENT AND HISTORY OF RANKS HELD AT FSU: \_\_\_\_\_

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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	_____	_____	_____	_____	_____
DEAN/DIRECTOR	_____	_____	_____	_____	_____
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/Supervisor (or equivalent) or Dean/Director (or equivalent): \_\_\_\_\_ Date: \_\_\_\_\_