

COLUMBUS STATE UNIVERSITY

Application for PROMOTION

Name:	
Social Security Number:	
Current Rank and Title:	
Highest Degree Earned:	
Tenure Status:	Tenured in _____ Not Tenured _____
Total Years Full-Time Teaching Experience:	
Number of Years at Columbus State University: (Include current year; exclude periods of Leave(s) of Absence):	
Number of Years in Present Rank and Title at Columbus State University: (Same criteria as above):	
Approved Number of Years of Probationary Credit Toward Tenure:	
Requested Rank and Title:	

SUMMARY OF THE ACTION OF RECOMMENDATION

Department Review

Committee Chairperson:

_____ Action

_____ Signature

_____ Date

Department Chairperson:

_____ Action

_____ Signature

_____ Date

College Review

Committee Chairperson:

_____ Action

_____ Signature

_____ Date

Dean:

_____ Action

_____ Signature

_____ Date

Vice President for

Academic Affairs:

_____ Action

_____ Signature

_____ Date

President:

_____ Action

_____ Signature

_____ Date