**Application for Rank Advancement to Full Professor**

**Instructions to Faculty Member:** Please complete and submit this form to the chair of your evaluation sitting committee. Instructions and deadlines regarding this application can be found in the SLCC Faculty Handbook Appendix 4.   

Date of Application:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Portfolio link: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I wish to invoke the Grandfather Clause for Rank Advancement Application Submitted Prior to the 2023-2024 Academic Year\*.

*I am eligible to apply for full professor and meet or exceed the expectations that warrant advancement to the Full Professor ranking.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Member Signature

**Instructions to the Evaluation Sitting Committee Chair**: Upon review of the faculty member’s performance and professional portfolio linked above, indicate your decision regarding this application. Transmit this application form to the dean by the agreed-upon deadline along with a detailed letter recommending approval or denial of rank advancement to the dean.

* Yes, recommend rank advancement.

Total Votes: \_\_\_\_\_\_\_\_

 No, do NOT recommend rank advancement.

Total Votes: \_\_\_\_\_\_\_\_

**Evaluation Sitting Committee Signatures**

By signing below, we confirm the recommendation and vote above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Vote** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Instructions to the Dean**:

Upon review of the faculty member’s professional portfolio, the evaluation sitting committee’s recommendation, and other relevant materials, indicate your decision regarding the candidate’s rank advancement to full professor.

Approve



If approved, submit a copy of the letter and this application to HR Director of Faculty Services and to the faculty member’s division/department tenure file. 

 Disapprove

If disapproved, compose a letter explaining the reasons for not approving the request and send the letter to the faculty member. Attach a copy of the letter to this application and submit to the HR Director of Faculty Services and to the faculty member’s division/department tenure file.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean Date

\*The Grandfather Clause for Rank Advancement Applications Submitted Prior to the 2023-2024 Academic Year allows faculty to apply for rank advancement without meeting the requirements of the previous formal post-tenure review (Faculty Handbook, Appendix 4). This does not exempt faculty from all other requirements of the rank advancement application and evaluation process.