

AUSTIN PEAY STATE UNIVERSITY  
**DEPARTMENT COMMITTEE PROMOTION**  
**RECOMMENDATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
College: \_\_\_\_\_ Dept: \_\_\_\_\_  
Highest degree: \_\_\_\_\_ Year Awarded: \_\_\_\_\_  
Institution Awarding Highest Degree: \_\_\_\_\_  
Date of initial APSU appointment: \_\_\_\_\_ Present rank: \_\_\_\_\_  
Inst. Asst. Assoc. Prof.  
Years in rank at APSU: \_\_\_\_\_ Years in rank elsewhere: \_\_\_\_\_  
Inst. Asst. Assoc. Prof. Inst. Asst. Assoc. Prof.

Departmental Evaluation: Please submit information in each of the categories listed. Attach appropriate supporting documents.

**A. Effectiveness in Academic Assignment** If additional space is needed, use the "Additional Comments" space on page 3.

**B. Scholarly and Creative Accomplishments** If additional space is needed, use the "Additional Comments" space on page 3.

**C. Professional Contributions and Activities** If additional space is needed, use the "Additional Comments" space on page 3.

**Additional Comments**

DEPARTMENT PROMOTION COMMITTEE VALIDATION: We certify that we have read the department promotion report. Although these statements reflect committee discussion, our signatures do not indicate agreement or disagreement with the above evaluation and recommendation.

Signatures [Place your visible signature in the same box as your printed name]:

I certify that I have read the department committee promotion recommendation report. My signature does not indicate agreement or disagreement with the statements made here.

Signature of Faculty Member: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Dept. Promotion Committee Voting Record</b>		
For:	Against:	Absent:
Non-Voting Department Member(s):		
Minority Report? Check one box.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Committee Chair's Name (Print):		
Committee Chair's Signature:		