

**University of Nebraska - Lincoln
Transmittal Form for Promotion for
PROFESSOR OF PRACTICE FACULTY**



NAME OF CANDIDATE: _____

ADMINISTRATIVE UNIT: _____

INITIAL APPOINTMENT UNL (Date): _____

CURRENT RANK: _____

APPOINTMENT TO CURRENT RANK (Date): _____

CURRENT APPORTIONMENT OF DUTIES:

Teaching _____ Other _____

PROMOTION TO:

ASSISTANT PROFESSOR OF PRACTICE _____ ASSOCIATE PROFESSOR OF PRACTICE _____ FULL PROFESSOR OF PRACTICE _____

**DEPARTMENT OR SCHOOL LEVEL
PROMOTION**

_____ Review Group (Specify)	_____ Recommend (Vote Count)	_____ Not Recommend	_____ Abstain
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_____ Review Group (Specify)	_____ Recommend (Vote Count)	_____ Not Recommend	_____ Abstain
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_____ Department Chair/Director	_____ Recommend	_____ Not Recommend	
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**COLLEGE OR DIVISION LEVEL
PROMOTION**

_____ Review Group (Specify)	_____ Recommend (Vote Count)	_____ Not Recommend	_____ Abstain
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_____ Review Group (Specify)	_____ Recommend (Vote Count)	_____ Not Recommend	_____ Abstain
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_____ Dean/Director	_____ Recommend	_____ Not Recommend	
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**UNIVERSITY LEVEL
PROMOTION**

_____ Associate Vice Chancellor	_____ Recommend	_____ Not Recommend	
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_____ Chancellor	_____ Recommend	_____ Not Recommend	
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