



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

NAME OF CANDIDATE: _____

ADMINISTRATIVE UNIT: _____

INITIAL APPOINTMENT UN-L (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 Not Recommend
(Vote Count)

Review Group (Specify)

Recommend Not Recommend
(Vote Count)

Department Chair/Director

Recommend Not Recommend

COLLEGE OR DIVISION LEVEL

PROMOTION

Review Group (Specify)

Recommend Not Recommend
(Vote Count)

Review Group (Specify)

Recommend Not Recommend
(Vote Count)

Dean/Director

Recommend Not Recommend

UNIVERSITY LEVEL

PROMOTION

Associate Vice Chancellor

Recommend Not Recommend

Chancellor

Recommend Not Recommend