

FORM A2

**LECTURER PROMOTION
REQUEST FOR CONSIDERATION**

Name _____

Earned Degrees:

Certification/Licensure (if applicable):

Discipline:

Department/School:

College:

Years in Present Rank (including present year):

I am requesting consideration for

Promotion from _____ to _____

I certify that the materials presented are accurate and complete.

Signature of Faculty Member

Date

I have reviewed the enclosed dossier and consider it accurate and complete.

Signature of Unit Head

Date