

Application for Academic Classification

Name: _____ A# _____ Department/Division: _____

Classification being applied for: _____ Date of application: _____

Human Resources Use Only!

Dates of employment (full-time regular): _____

Highest degree received: _____ Awarding Institution: _____ Date awarded: _____

Other full-time college teaching experience (institution and dates): _____

Signature of HR representative

Date

Department Use Only!

Department Chair: Please check the appropriate box below, sign and date this form. Please have all department members present sign to acknowledge that they participated in the vote. Please forward this form to the College-Wide Academic Classification Committee, c/o Dr. Anahid Petrosian, no later than 7 days after the vote is taken.

The _____ Department has approved by a majority vote this application for the classification listed above.

The _____ Department has not approved this application for the classification listed above. However, the department has approved this application for the lesser classification of _____.

The _____ Department does not approve this application for academic classification.

Department Chair Name (print)

Department Chair Signature

Date

College-wide Academic Classification Committee Use Only!

Classification Awarded

- Assistant Professor
 Associate Professor
 Professor
 None

Date Awarded

CWACC Chairperson signature

VP for Academic Affairs

