

Application for Academic Classification

Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Classification being applied for: \_\_\_\_\_

Date of application: \_\_\_\_\_

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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

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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 Juan E. Mejia, Vice President for Academic Affairs, 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

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College-wide Academic Classification Committee Use Only

Classification Awarded

- Assistant Professor  
 Associate Professor  
 Professor  
 None

\_\_\_\_\_  
Date Awarded

\_\_\_\_\_  
CWACC Chairperson

\_\_\_\_\_  
Vice President for Academic Affairs

