

Academic Faculty Promotion Eligibility Form

Submit this form to your school Dean by the third (3rd) Monday in November. After eligibility is verified, include this form and the Provost's letter in your promotion materials (binder).

Name _____ Date _____

Academic Department/School _____

Current Rank _____

Seeking Promotion to: _____

Highest Earned Degree (specify discipline) _____

Number of credit hours earned beyond degree _____

SUNY Cobleskill Academic Employment History

Date of Initial Term Employment _____

Initial Academic Rank _____

Date of Continuing Appointment _____

Number of years of teaching/librarianship experience at SUNY Cobleskill as of date of requested promotion _____

Teaching/Librarianship Experience Other than at SUNY Cobleskill:

Years	School	Rank	Specialization

Previous Promotions:

To Assistant Professor/Sr. Assistant Librarian Date: _____

To Associate Professor/Associate Librarian Date: _____

Transcripts and other documentation to verify the above are in my file in the Office of Human Resources.

In accordance with the criteria in Part II of the Faculty Handbook, I, _____

request consideration for promotion to _____
Rank

Signed/Date _____
Faculty Member

I acknowledge this request for promotion.

Signed/Date _____
Department Chair

Signed/Date _____
School Dean

I have reviewed the above and find minimum requirements for eligibility to be met and the entries to be correct.

Signed/Date _____
Provost/Vice President for Academic Affairs