



# West Chester University of Pennsylvania

## APPLICATION FOR PROMOTION

Please type or print all information

### I. Certification:

A. Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Most Advanced Degree: \_\_\_\_\_ College/Year: \_\_\_\_\_  
Current Rank: \_\_\_\_\_ Years in Current Rank: \_\_\_\_\_

B. If the applicant does not possess the doctorate submit a transcript(s) and indicate below the number of credits completed relevant to your primary assignment.

(a) \_\_\_\_\_ semester hours  
(b) \_\_\_\_\_ quarter hours x 2/3 = \_\_\_\_\_ semester hours  
(c) \_\_\_\_\_ = \_\_\_\_\_ total

C. In accordance with Article 13 of the Collective Bargaining Agreement, the TeP Committee has my approval to review my official personnel file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D. I certify that this information I have presented is accurate and contains no omission of fact.  
I further certify that I have met the minimum requirements for the rank as specified in Act 182.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### II. Recommendations:

The applicant is recommended for promotion to: \_\_\_\_\_ Assistant Professor  
\_\_\_\_\_ Associate Professor  
\_\_\_\_\_ Professor

Dept. Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Yes \_\_\_\_\_ No

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Yes \_\_\_\_\_ No

TeP Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Yes \_\_\_\_\_ No

### III. Final Action:

The applicant is approved for promotion to the rank specified in section II.

President: \_\_\_\_\_ Date: \_\_\_\_\_ Yes \_\_\_\_\_ No