

INSTRUCTOR CAREER PATH RECOMMENDATIONS FORM

Academic Year 2019/2020 for Implementation in Fall 2020

Please complete and submit to Rosie Lopez at: rlopez@usf.edu

APPLICANT INFORMATION

Applicant Name: _____

College: _____

Dean: _____

Department: _____

Mail Code: _____

Chair: _____

Initial Date of USF Employment: _____ Years in Rank as a Full-time Instructor: _____

Application is for: Promotion to Instructor II Promotion to Instructor III

RECOMMENDATIONS

Department Committee (if applicable)

The Committee's recommendation is to APPROVE advancement to the level requested.

The Committee's recommendation is to DENY advancement to the level requested.

Name: _____ Signature: _____ Date: _____

Department Chair

My recommendation is to APPROVE advancement to the level requested.

My recommendation is to DENY advancement to the level requested.

Name: _____ Signature: _____ Date: _____

College Dean

My recommendation is to APPROVE advancement to the level requested.

My recommendation is to DENY advancement to the level requested.

Name: _____ Signature: _____ Date: _____