



INSTRUCTOR CAREER PATH RECOMMENDATIONS FORM

Academic Year 2022/2023 for Implementation in Fall 2023
Please complete and submit to Brooke Deen at: bdeen@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:

- Associate Professor of Instruction
- Professor of Instruction
- Associate Instructor
- Senior Instructor

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: _____ Date: _____

Department Chair

- My recommendation is to APPROVE advancement to the level requested.
- My recommendation is to DENY advancement to the level requested.

Name: _____ 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: _____

By my signature, I verify the decisions reported above.