

Request for Rank Advancement (Appendix B)

Name:		Date:	
Academic Rank Applying for	r:		
Present Academic Rank:		Date conferred:	
Date of hire at UVU:	Years on tenu	re track/date of conferral:	
Please list all qualifying tenure	-track teaching positions, in	cluding rank, institution, & years	
Rank	Institution		Years
Please list all qualifying degree	es or credentials, granting in	stitution and the year completed	
Degree/Credential		Institution	Year
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	hereby apply for rar	ık advancement(sigr	nature)
I	hereby apply for rar		
I	hereby apply for rar		
I	hereby apply for rar SIGNATURE		
I(printed name)	SIGNATURE	(sigr RECOMMENDATION	nature)
I(printed name) Department RTP Chair	SIGNATURE	(sign RECOMMENDATION Yes / No	nature) DATE
I (printed name) Department RTP Chair Department Chair	SIGNATURE	(sign RECOMMENDATION Yes / No Yes / No	DATE

Requests for Rank Advancement must be submitted to the appropriate Department RTP Chair no later than December 15th. Faculty should refer to UVU Policy 632, Assignment and Advancement in Academic Rank here: https://policy.uvu.edu/getDisplayFile/563a405c65db23201153c27b.