**Virginia Tech Clinical Track Promotion Cover Page, 2019-2020**

Office of the Executive Vice President and Provost, revised 5/07/19

|  |  |  |
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| [ ]  | Candidate for promotion in academic rank to: |       |

|  |  |  |
| --- | --- | --- |
| 1. | Name: |       |
|  | Department: |       |
|  | College: |       |
| 2. | Present academic rank: |       |
|  | Years of service in present rank at Virginia Tech as of May 2020:  |       |
|  | Number of years at same or higher rank elsewhere: |       |
| 3. | Highest degree earned: |       |  | Date awarded: |       |
|  | Institution: |       |
| 4. | Number of years experience in full-time professional-level employment as of  |
|  | May ’20: |       | In higher ed: |       | In other employment: |       |
| 5. | Number of years employed at Virginia Tech as of May 2020: |       |
| 6. | Percent of assignment to teaching and research (208): |       |
|  | Percent of assignment to Experiment Station (229): |       |
|  | Percent of assignment to Cooperative Extension (229): |       |
|  | Percent of assignment to Hospital Service or Practice: |       |
| 7. |  [ ]  | Departmental committee recommends approval. |
|  |  [ ]  | Departmental committee does not recommend approval. |
|  | Committee vote:      approve      not approve      abstain      ineligible      observer *(please fully complete this section by including number of all votes and number of non-voting participants)* |  |
|  | Departmental committee chair’s signature |  Date |
| 8. |  [ ]  | Department head recommends approval. |
|  |  [ ]  | Department head does not recommend approval. |
|  |  |  |
|  | Department head’s signature |  Date |
| 9. |  [ ]  | College committee recommends approval. |
|  |  [ ]  | College committee does not recommend approval. |
|  | Committee vote:      approve      not approve      abstain      ineligible      observer *(please fully complete this section by including number of all votes and number of non-voting participants*  |  |
|  | College committee chair’s signature |  Date |
| 10. |  [ ]  | Dean recommends approval. |
|  |  [ ]  | Dean does not recommend approval. |
|  |  |  |

 Dean’s Signature Date