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 20: ________________
   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 ____________