

**San José State University**  
**APPLICATION FOR RANGE ELEVATION**

**APPLICANT INFORMATION:**

<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>Middle Initial:</b> _____
<b>College:</b> _____	<b>Department:</b> _____	<b>Current Academic Range</b> <b>L-</b>
<b>Appointment Start Date in Department:</b> _____	<b>EMPL ID#</b> _____	

**INSTRUCTORS:**                      **Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

- 1) Complete Application for Range Elevation
- 2) Attach the following items:
  - Explanation of why range elevation is warranted (e.g. teaching or advising responsibilities; attainment of an advanced degree; specialized training, course design; professional expertise as related to assignment; pedagogy, continuous improvement in course materials or approach, new breadth to teaching assignment, etc. See S10-7, Section V)
  - All Periodic Evaluations including Official SOTEs and Peer Reviews for years under review
  - Documentation of committee work or other service contributions, as applicable
  - Documentation of Scholarly and Professional achievements, as applicable
- 3) Return application and attachments to Department Chair by September 29, 2017.

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**Department Committee's Recommendation**

(Check appropriate space and attach memo.)

**Committee Vote (record votes):**

Recommend:      \_\_\_\_\_                      Not Recommended:      \_\_\_\_\_  
Signature:      \_\_\_\_\_                      Date:      \_\_\_\_\_

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**Chair/Director's Recommendation**

(If not part of Department Committee, check appropriate space and attach memo.)

Recommend:      \_\_\_\_\_                      Not Recommended:      \_\_\_\_\_  
Signature:      \_\_\_\_\_                      Date:      \_\_\_\_\_

**Submit to Dean**

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**Dean's Recommendation**

(Check appropriate spaces and attach memo)

Recommend:      \_\_\_\_\_                      Not Recommended:      \_\_\_\_\_  
Signature      \_\_\_\_\_                      Date:      \_\_\_\_\_

**Submit to Faculty Affairs**

***DO NOT WRITE BELOW THIS LINE***

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**Faculty Affairs Use Only**

5 Years Rank:      \_\_\_\_\_      SSI:      \_\_\_\_\_      FTAS 12:      \_\_\_\_\_      Signature:      \_\_\_\_\_      Date:      \_\_\_\_\_

**Provost Decision**

Awarded:      \_\_\_\_\_      Not Awarded:      \_\_\_\_\_      Signature:      \_\_\_\_\_      Date:      \_\_\_\_\_