

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 College: \_\_\_\_\_ Department: \_\_\_\_\_ EMPL ID # \_\_\_\_\_  
 Appointment Start Date in Department: \_\_\_\_\_ Current Academic Range: L- \_\_\_\_\_ Date of Last SSI: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:**

- 1) Complete Application for Range Elevation
- 2) Attach the following items:
  - All Periodic Evaluations including Official SOTEs and Peer Reviews for years under review
  - Documentation of committee work or other service contributions
  - Documentation of Scholarly and Professional achievements
  - Explanation of why range elevation is warranted/advancement vs. meritorious service (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)
- 3) Return application and attachments to Department Chair by October 24, 2016.

**Department Committee's Recommendation**

(Check appropriate space and attach memo.)

**Committee Vote (record vote):**

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

**Chair/Director's Recommendation**

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

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

**Submit to Dean**

**Dean's Recommendation**

(Check appropriate space and attach memo.)

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

**Submit to Faculty Affairs**

**DO NOT WRITE BELOW THIS LINE**

**Faculty Affairs Use Only**

5 Year Rank: \_\_\_\_\_ SSI: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provost Decision**

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