

**SAN JOSE STATE UNIVERSITY**

**PROMOTION RECOMMENDATION FORM**

\_\_\_\_\_  
Name Department/School/Division College

\_\_\_\_\_  
Rank Date of Probation Appointment Date of Last Promotion, if any

Number of Years in Current Rank Since Appointment or Last Promotion \_\_\_\_\_

<p>1. Department/School/Division Committee's Recommendation</p> <p>_____ Committee Vote [record votes in each category and provide clear explanation in valuation statement for <u>all</u> votes]:</p> <p>Recommended _____ Not Recommended _____ Abstain _____ Absent _____</p> <p>_____ Signature – Department/School/Division Committee Chair Date</p>	<p>3. College Committee's Recommendation:</p> <p>_____ Committee Vote [record votes in each category and provide clear explanation in valuation statement for <u>all</u> votes]:</p> <p>Recommended _____ Not Recommended _____ Abstain _____ Absent _____</p> <p>_____ Signature – College Committee Chair Date</p>
<p>2. Department Chair's/School Director's/Division Head's Recommendation, if any</p> <p>_____</p> <p>_____ Signature – Chair/Director/Division Head Date</p> <p>_____ Department Chair/School Director/Division Head is part of Department/School/Division Committee.</p>	<p>4. College Dean's Recommendation:</p> <p>_____</p> <p>_____</p> <p>_____ Signature – College Dean Date</p>

Action by University President \_\_\_\_\_ Promoted: Effective date \_\_\_\_\_

\_\_\_\_\_ Not Promoted

\_\_\_\_\_  
Signature Date

[Submit original and 1 copy]

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\_\_\_\_\_  
Candidate's Name

**Department/ School/ Division Evaluation**

Instruction: The Department/ School/ Division Committee should state here its evaluation of the faculty member's achievement and activity since date of appointment to probationary service or since last promotion. The statement should not summarize the candidate's activity, but express the committee's judgment of its quality and significance. The evaluation statement should address the criteria and standards in the university ARTP policy and clearly state the reason for the committee's recommendation, including reasons for dissenting votes.

Signature of Department/School/Division Committee  
Members:

_____ Signature – Committee Chair	_____ Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Faculty Member:

I have read the Department/School/Division summary and evaluation, the chair's/director's/division head's letter, and the accompanying dossier. My signature indicates neither agreement nor disagreement with the statements made.

\_\_\_\_\_  
Signature Date