

**NOMINEE INFORMATION COVER SHEET
UNIVERSITY OF FLORIDA
RECOMMENDATION FOR PROMOTION
Assistant In Series**

A. GENERAL CURRENT INFORMATION

Name _____ UFID# _____
Department/Center _____ Campus Box _____
Current Rank _____ Graduate Faculty _____
Promotion to (List Proposed Rank) _____

B. THE NOMINEE DOES _____ DOES NOT _____ WAIVE HIS/HER RIGHT TO VIEW LETTERS OF EVALUATION.

Nominee's Signature **Date**

C. I HAVE REVIEWED THIS PACKET AND BELIEVE THAT TO THE BEST OF MY KNOWLEDGE IT IS COMPLETE.

Nominee's Signature **Date**

D. PROMOTION STATUS ASSESSMENT (if applicable):

| | | |
|--------------------|------------------------------|----------------------------|
| Department/Center: | Meets criteria _____ | Abstain _____ Absent _____ |
| | Does not meet criteria _____ | |
| Center (IFAS only) | Meets criteria _____ | Abstain _____ Absent _____ |
| | Does not meet criteria _____ | |

**E. COLLEGE TENURE & PROMOTION COMMITTEE ASSESSMENT (if applicable):
PROMOTION:**

Meets criteria _____ Abstain _____
Does not meet criteria _____ Absent _____

F. SIGNATURES AND ENDORSEMENT STATEMENT

Department Chair/Director (if applicable) Date I do _____ do not _____ endorse candidate

Dean/Director Date I do _____ do not _____ endorse candidate