

**APPENDIX A**  
**Participating Faculty Promotion Proposal Form**

1. Name (Last, First, Middle) \_\_\_\_\_
2. College/School \_\_\_\_\_
3. Department (if applicable) \_\_\_\_\_
4. Highest Degree Earned \_\_\_\_\_
5. Total years of relevant professional experience prior to MU (appropriate to the discipline) \_\_\_\_\_
6. Total years teaching as a faculty member prior to coming to Marquette University \_\_\_\_\_
7. Present Rank:    Instructor             Assistant Professor             Associate Professor
8. Start Date of Present Rank \_\_\_\_\_
9. Proposed Rank:    Assistant Professor             Associate Professor             Professor

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Recommendation of:	Recommendation	Votes if Applicable # Yes / # No	Date	Signature
Department	Yes <input type="checkbox"/> No <input type="checkbox"/>	/		
Local Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	/		
Dean	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Provost	Yes <input type="checkbox"/> No <input type="checkbox"/>			

*Print form for signatures, then scan and upload to dossier.  
 Place the original, signed document in the paper copy binder for the Provost.*