

**Lakeview College of Nursing**

**PROMOTION REQUEST FORM**

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| Name:       | Degree(s):       |
| Date of Hire:       | Date of Full-time Status:       |
| Initial Rank:       | Date of Initial Rank:       |
| Current Rank:       | Date of Last Promotion:       |
| Request for Promotion to:        |  | Date request submitted:       |
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| **RECOMMENDATIONS**

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|  |  **Promotion** | **Signature and Date** |
| Professional Development Committee Chair | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Individual notified in writing on: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |  **Promotion** | **Signature and Date** |
| External Reviewer 1: | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| External Reviewer 2: | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| External Reviewer 3: | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Individual notified in writing on:If External Reviewers are not used, please sign and date here: |    |  |
|  |  |  |
|  |  **Promotion** | **Signature and Date** |
| Dean of Nursing | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Individual notified in writing on: |   |

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|  | **Promotion** | **Signature and Date** |
| Professional Affairs Committee ChairIndividual notified in writing on:  | ☐ Yes ☐ No   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **FINAL DECISION** |  **Promotion** | **Signature and Date** |
| Board of Director’s Chair | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Effective Date of Promotion (if approved):