

THE GEORGE WASHINGTON UNIVERSITY
School of Medicine and Health Sciences

LIMITED SERVICE FACULTY MEMBER PROMOTION RECOMMENDATION FORM
Effective Date JULY 1, 2013

Name: (First/Middle/Last) _____

Mailing Address: _____

Department/Current Academic Rank & Effective Date: _____

Academic Rank to which promotion is recommended: _____

Promotion shall be dependent upon professional competence as evidenced by teaching ability, productive scholarship, participation and leadership in professional societies, service to the University and public service. (The George Washington University Faculty Code).

Faculty Activities Since Appointment or Most Recent Promotion (use additional paper if necessary)

Teaching ability, including continuing education and degrees received

Productive Scholarship, including peer-reviewed publications

Participation and leadership in professional societies, including honors

Service to the University and public service

Approved **Not Approved**

Department Chair

Date

Approved **Not Approved**

Dean

Date

Approved **Not Approved**

Provost & Executive Vice President for Academic Affairs

Date