

**CALIFORNIA STATE UNIVERSITY, FRESNO**  
**PROMOTION ONLY FORM**  
(WPAF Binder, Section 4)

**SECTION I: GENERAL INFORMATION**

Faculty Member's Name: \_\_\_\_\_

College/School: \_\_\_\_\_

Department: \_\_\_\_\_

Application for:       Promotion OR  Early Promotion;      Rank:  Associate     Professor

**SECTION II: Department Peer Review Committee's Recommendation on Promotion**

After thorough review of the WPAF, and based on the criteria set in the policy on promotion, the committee has voted and makes the following recommendation:

<input type="checkbox"/> <b>Promotion Recommended</b>	<input type="checkbox"/> <b>Promotion NOT Recommended</b>
Number of votes for Promotion:	Number of votes for Not Promote:

**SIGNATURES:**

\_\_\_\_\_  
Review Committee Chair's Name (Typed)      Signature      Date

\_\_\_\_\_  
Department Chair's Name (Typed)      Signature (if sitting as member of committee only)      Date

\_\_\_\_\_  
Committee Member's Name (Typed)      Signature      Date

\_\_\_\_\_  
Committee Member's Name (Typed)      Signature      Date

\_\_\_\_\_  
Committee Member's Name (Typed)      Signature      Date

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Committee Member's Name (Typed)      Signature      Date

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Committee Member's Name (Typed)      Signature      Date

\_\_\_\_\_  
Committee Member's Name (Typed)      Signature      Date

\_\_\_\_\_  
Committee Member's Name (Typed)      Signature      Date

**ADD ADDITIONAL SIGNATURE SHEETS IF NECESSARY**

**PROMOTION ONLY RECOMMENDATION FORM**

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Faculty Member's Name: \_\_\_\_\_

<b>SECTION III: Department Chair's Recommendation on Promotion</b> <i>Complete this section only if the Department Chair is making a separate recommendation.</i>	
<input type="checkbox"/> The Department Chair is NOT making an independent recommendation.	
After thorough review of the WPAF, and based on the requirements policy on promotion, the department chair makes the following recommendation:	
<input type="checkbox"/> <b>Promotion Recommended</b>	<input type="checkbox"/> <b>Promotion NOT Recommended</b>

Signature certifies that the above recommendation and the attached written evaluation represent the recommendation of the department chair.

\_\_\_\_\_  
Department Chair's Name (Typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT'S ACKNOWLEDGEMENT:**

I have received a copy of this form and the attached written recommendation of the department peer review committee and, if the department chair made a separate recommendation, a copy of the department chair's written recommendation as well.

I realize that signing this form does not necessarily mean that I agree with the recommendation of the department peer review committee and/or the department chair.

I have had an opportunity to review the recommendations, and I am aware that I may submit a response or rebuttal statement to the chair of the college/school peer review committee and the dean. I realize that I have ten days to respond before my RTP file moves to the next level of review and that my response or rebuttal will be incorporated into **Section 6** before it moves forward. I understand that my rebuttal **MUST** be submitted 10 days from the recommendation by 5:00pm on the deadline.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Place this form in Section 4 and place written recommendations (signed, dated and with page numbers) in Section 5 of applicants WPAF. For Off Year Review (OYR) faculty, send this form to the next level of review with file.**

**PROMOTION ONLY RECOMMENDATION FORM**  
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Faculty Member's Name: \_\_\_\_\_

<b>SECTION IV: College/School Peer Review Committee's Recommendation on Promotion</b>	
After thorough review of the WPAF, and based on the criteria set in the policy on promotion, the committee has voted and makes the following recommendation:	
<input type="checkbox"/> <b>Promotion Recommended</b>	<input type="checkbox"/> <b>Promotion NOT Recommended</b>
Number of votes for Promotion:	Number of votes for Not Promote:

**SIGNATURES:**

_____	_____	_____
Review Committee Chair's Name (Typed)	Signature	Date
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Committee Member's Name (Typed)	Signature	Date
_____	_____	_____
Committee Member's Name (Typed)	Signature	Date
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Committee Member's Name (Typed)	Signature	Date
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Committee Member's Name (Typed)	Signature	Date
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Committee Member's Name (Typed)	Signature	Date
_____	_____	_____
Committee Member's Name (Typed)	Signature	Date

## PROMOTION ONLY RECOMMENDATION FORM

PAGE 4

Faculty Member's Name: \_\_\_\_\_

<b>SECTION V: Dean's Recommendation on Promotion</b>		
After thorough review of the WPAF, and based on the requirements policy on promotion, the dean makes the following recommendation:		
Promotion Recommendation		<b>Based on Department, Department Chair (if any), College/School, &amp; Dean recommendation:</b>
<input type="checkbox"/> <b>Promotion Recommended</b>	<input type="checkbox"/> <b>Promotion NOT Recommended</b>	<input type="checkbox"/> Candidate will be reviewed by UB RTP – at least one level had a negative or no recommendation <input type="checkbox"/> Candidate will <b>not</b> be reviewed by UB RTP.

Signature certifies that the above recommendation and the attached written evaluation represent the recommendation of the dean.

\_\_\_\_\_  
Dean's Name (Typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **APPLICANT'S ACKNOWLEDGEMENT:**

I have received a copy of this form, and the attached written recommendations of the college/university peer review committee and the dean.

I realize that signing this form does not necessarily mean that I agree with the recommendation of the college/school peer review committee and/or the dean.

I have had an opportunity to review the recommendations, and I am aware that I may submit a response or rebuttal statement to the Chair of the University Board on Retention, Tenure, and Promotion (UB RTP). I realize that I have ten days to respond before my RTP file moves to the next level of review and that my response or rebuttal will be incorporated into **Section 6** before it moves forward. I understand that my rebuttal **MUST** be submitted 10 days from the recommendation by 5:00pm on the deadline.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Place this form in Section 4 and place written recommendations (signed, dated and with page numbers) in Section 5 of applicants WPAF. Place newest dates on top.**

### **SECTION VI: University Board Retention, Tenure, and Promotion's (UB RTP) Recommendation**

UB RTP's recommendation will be mailed to the faculty member at his/her department address.

### **SECTION VII: Provost Decision**

The Provost, acting as the President's designee, will issue a final decision. The decision will be available for pickup by the applicant in the Dean's Office. Applicant signature will be required.

**PROMOTION ONLY RECOMMENDATION FORM**  
**Page 1 Supplement**

Faculty Member's Name: \_\_\_\_\_

**ADDITIONAL SIGNATURES:**

Committee Member's Name (Typed)	Signature	Date
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