

INSTRUCTOR CAREER PATH RECOMMENDATIONS FORM

Academic Year 2023/2024 for Implementation in Fall 2024
Please complete and submit to Brooke Deen at: bdeen@usf.edu

APPLICANT INFORMATION

Applicant name: _____

College: _____

Dean: _____

Department: _____

Mail code: _____

Chair: _____

Initial date of USF employment: _____ Years in rank as a full-time instructor: _____

Application is for promotion to:

 Associate Professor of Instruction Professor of Instruction Associate Instructor Senior Instructor**RECOMMENDATIONS****Department Committee (if applicable)** The Committee's recommendation is to APPROVE advancement to the level requested. The Committee's recommendation is to DENY advancement to the level requested.

Name: _____ Date: _____

Department Chair My recommendation is to APPROVE advancement to the level requested. My recommendation is to DENY advancement to the level requested.

Name: _____ Date: _____

College Dean My recommendation is to APPROVE advancement to the level requested. My recommendation is to DENY advancement to the level requested.

Name: _____ Signature: _____ Date: _____

By my signature, I verify the decisions reported above.