

**APPENDIX B2**  
**2023-24 Recommendations Promotion**  
**to Professor Only (Tenured)**

Candidate Name:  
Candidate Email:  
Campus Mailing Address:

Unit Name:  
College/Campus Name:  
Unit Chair/Head Name:  
Unit Chair/Head Email:

UMN Faculty Appointment Information

**Current Rank:** \_\_\_\_\_ Effective date: \_\_\_\_\_

**Current Appt. Type:** Tenured

Previous Rank/Appt. Type: \_\_\_\_\_ Effective date: \_\_\_\_\_

**Proposed Rank:** \_\_\_\_\_ **Proposed Appt. Type:** Tenured

Time in rank at another institution (if applicable) \_\_\_\_\_ years

Total years in rank (including current year) \_\_\_\_\_ years

**Voting Information (Fill in with total numbers voting in each category)**

|            | Unit<br>Promotion<br>Vote | Unit Head<br>Recommendation | College/Campus<br>P&T Committee<br>Promotion Vote | Dean/Chancellor<br>Recommendation |
|------------|---------------------------|-----------------------------|---|-----------------------------------|
| Yes        |                           |                             |   |                                   |
| No         |                           |                             |   |                                   |
| Abstain    |                           |                             |   |                                   |
| Not voting |                           |                             |   |                                   |
| Notes:     |                           |                             |   |                                   |