

**APPENDIX B2**  
**2020-21 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 Promotion Vote	Unit Head Recommendation	College/Campus P&T Committee Promotion Vote	Dean/Chancellor Recommendation
Yes				
No				
Abstain				
Not voting				
Notes:				