DEPARTMENT PROMOTION COMMITTEE TRANSMITTAL & SIGNATURE PAGE

University of Wisconsin-La Crosse

Promotion Application Transmittal Form

(*Initiated by the Department*)

Name
Dept
Highest Degree
Current Rank
Date of Last Promotion

Department Recommendation

Date of Recommendation _____

Department Vote Record

____ Yes ____ No ____ Abstain

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Signature of Committee Chair

Signatures of Promotion Committee Members

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