



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.