



**Recommendation for Promotion
Non-tenure Track Faculty
New Mexico State University**

Date _____ Banner ID _____ Name _____
 Department/Community College _____ Current rank _____
 Current rank held since _____ Number of years at NMSU _____

Recommendation for Promotion

From College Instructor _____ College Assistant Professor _____ College Associate Professor _____
To College Assistant Professor _____ College Associate Professor _____ College Professor _____

Recommendation					Approve	Not Approve	Date
	Department Committee	Tally	Yes:	No:	Abstain:		
Department or Division Head	Signature:						
College Committee	Tally	Yes:	No:	Abstain:			
Dean or College President	Signature:						
Decision: Executive Vice President & Provost	Signature:						

Effective date: 9-month employee, August _____

12-month employee, July 1, _____