

**Lakeview College of Nursing**

**PROMOTION REQUEST FORM**

|  |  |  |  |  |  |  |  |  |
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| Name: | | Degree(s): | | | | | | |
| Date of Hire: | | Date of Full-time Status: | | | | | | |
| Initial Rank: | | Date of Initial Rank: | | | | | | |
| Current Rank: | | Date of Last Promotion: | | | |
| Request for Promotion to: |  | | Date request submitted: | | | | | |
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| **RECOMMENDATIONS**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Promotion** | **Signature and Date** | | | | Professional Development  Committee Chair | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  | | --- | --- | | Individual notified in writing on: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | --- | --- | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |  |  | |  | |  | **Promotion** | **Signature and Date** | | | | External Reviewer 1: | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | External Reviewer 2: | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |  | | --- | --- | --- | | External Reviewer 3: | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Individual notified in writing on:  If External Reviewers are not used, please sign and date here: |  | | |  | |  |  | | |  | |  | **Promotion** | **Signature and Date** | | | | Dean of Nursing | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Individual notified in writing on: |  | | | | | | | | | |  | | |

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|  | | | **Promotion** | **Signature and Date** | |
| Professional Affairs Committee Chair  Individual notified in writing on: | | | ☐ Yes ☐ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **FINAL DECISION** | | **Promotion** | | | **Signature and Date** |
| Board of Director’s Chair | | ☐ Yes ☐ No | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | |  | | | |

Effective Date of Promotion (if approved):