



**NOTIFICATION OF APPLICATION
FOR PROMOTION IN ACADEMIC RANK**

NAME _____ **DATE** _____

DEPARTMENT _____

COLLEGE _____

*(Faculty librarians indicate their most direct college affiliation,
as agreed to with the Director of Library Services)*

DATE OF FIRST APPOINTMENT AT MARYWOOD UNIVERSITY _____

ACADEMIC RANK PRESENTLY HELD _____

DATE OF PROMOTION TO PRESENT ACADEMIC RANK _____

I wish to request promotion to the academic rank of _____

I will submit my application electronically. **Yes** **No**

Signature of Faculty Member

(Date for notification of application: no later than September 15 or January 15)