**CON TRANSMITTAL FORM**

**for**

**Recommending Clinical Promotion**

Name Degree(s)

Department/Division College

Initial UNMC Rank Date of Initial Rank

Current Rank Date of Last Promotion

Appointment Type: Special \_\_\_\_\_\_ Health Professions \_\_\_\_\_

Effective Date, if approved, of clinical promotion: **July 1,**

Promotion Proposed: Yes \_\_\_\_ No \_\_\_\_ Proposed Rank

RECOMMENDATIONS

Department/Division Promotion Signature

Department Committee Yes \_\_\_\_ No \_\_\_\_

Department Chairperson Yes \_\_\_\_ No \_\_\_\_

Individual notified in writing on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Promotion Signature

College Committee Yes \_\_\_\_ No \_\_\_\_

Dean Yes \_\_\_\_ No \_\_\_\_

Individual notified in writing on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPEAL(S) FILED: Yes \_\_\_\_ No \_\_\_\_ (If Yes, Attach all Documentation)

\* Faculty members holding appointments (paid or courtesy) in more than one academic unit, must concurrently pursue the documentation and review processes in each department in which promotion is proposed. Separate Transmittal Forms are required.