

UNIVERSITY OF CENTRAL ARKANSAS
Application for Advancement

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Applicant Information:

Name _____ Date _____

Department _____

Applying for Advancement to *(please check appropriate box below):*

Lecturer II

Senior Lecturer

Clinical Instructor II

Senior Clinical Instructor

Laboratory Instructor II

Senior Laboratory Instructor

Year of Appointment to Current Rank: _____

Signature of Applicant

Date

Attach supplemental materials as directed and as appropriate per the Faculty Handbook.

**Refer to the Faculty Handbook, Chapter III, Section VII Procedure for
Advancement of Non-Tenure-Track Faculty.**

http://uca.edu/academicaffairs/files/2012/02/2009fhb_post_rvsd.pdf

Department Chair Certification

(To be completed prior to submission of application to the appropriate reviewing body.)

I hereby certify that the applicant's job as described herein is accurate.

Signature of Department Chairperson

Date

*It is the policy of the University of Central Arkansas that all deliberations in the application process
and all materials considered therein shall be kept confidential.*
