Recommendation for Pro	motion of Profe	essional Research F	Personnel				
Name:			Current Rank:				
Employee ID:			Recommended Rank:				
School/Department:							
Immediate Supervisor:							
Total Time of Relevant Full-time Experience*:			Total Time in Present Rank*:				
*Total Time as of							
Exception & Nature of Ex	cception:						
		ACADEMIC D	EGREES				
Degree	Institution			Major		Year	
	GEOR	GIA TECH RELEV		ENCE			
Title		Full-time/Part-time	-time Begin Date			End Date	
L							
	ELEVANT FUL	L-TIME EMPLOYM	IENT SINCE				
Title		Employer		Begin Da		ate End Date	
I hereby certify that the in Professional career.  Signature of C		ained in this docume	ent constitutes	an accurate	e represe	ntation of my	
	PEE	R AND ADMINISTR	RATIVE ACTION	ONS			
				Committee			
Unit Peer Committee			Yes	Г	No	Abstain	
Unit Director							
College/GTRI/EVPR Director	ect Report Con	imittee					
Institute Committee							
EVPR President							
Fiesidelit							
Unit Director			Date				
Dean/GTRI Director			Date				
Executive Vice Presiden	Date						
President			Date				

Year:

**Georgia Institute of Technology**