**Record of Promotion Votes and Recommendations**

**for School of Medicine Faculty**

**Name of Candidate:**

**Department and College:**

 School of Medicine

**Current Rank:**

**Type of Action:** Promotion only to rank of

**RECORD OF ACTIONS Recommendation (✓) Vote (number)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Department Committee |  |  |  |  |  |
| Department Chair |  |  |  |  |  |
| School Committee |  |  |  |  |  |
| Dean’s recommendation |  |  |  |  |  |
| University Committee |  |  |  |  |  |

# DEPARTMENTAL COMMITTEE

Name

Name

Name

Name

Name

# SCHOOL COMMITTEE

Member, MD/DO/PhD

Member, MD/DO/PhD

Member, MD/DO/PhD

Member, MD/DO/PhD

Member, MD/DO/PhD

Member, MD/DO/PhD

Member, MD/DO/PhD

Member, MD/DO/PhD

DIO, MD/DO/PhD/PsyD (non-voting)