**Pace University**

**Clinical Faculty Promotion FACT SHEET**

***(Information must be typed)***

**Name**  **Department** \_\_\_\_\_\_\_

**Address**  \_\_\_\_\_\_\_ **School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus**  \_\_\_\_\_\_ **Present Rank**

**Candidate for**

 [ ]  Promotion to the rank of

**Education (degree, field, institution, year):**

 Baccalaureate

 Master’s

 Progress toward doctorate (if applicable)

 Doctorate

 Other

**Professional certification and licensure:**

**Full-time college teaching experience prior to Pace (rank, department, institution, dates):**

**Adjunct college teaching experience prior to Pace (rank, department, institution, dates): (Do not include summer sessions)**

**Other professional experience:**

**Date of first Pace appointment (month/year):** Adjunct \_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full-Time \_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of promotion(s) (month/year):**

 Adjunct Assistant Prof. Clinical Assistant Prof.\_\_\_\_\_

 Adjunct Associate Prof. Clinical Associate Prof.\_\_\_\_\_

 Adjunct Professor

**Administrative appointments (position/dates):**

**Administrative Released time and leaves (dates):**

 Released time:

 Other:

Submitted by: Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Faculty Member Signature of Dean’s Office

 \_

##  Date Date