

PCC Full-Time Faculty: Academic Rank Advancement to Assistant Professor

Date: _____

Semester/Year: _____

Name: _____

Department/Division: _____

Incomplete applications will not be reviewed. Please make sure to fill out the application in its entirety.

Faculty Position: (Academic or Career/Technical) _____

Email Address: _____

Date of **Tenure Approval** by Board of Trustees: _____

(ex. if you were granted tenure in a Spring 2025 Board of Trustee's meeting, then your date of **Tenure Approval** is Spring 2025.)

Current Academic Rank: _____

Semester & Year of **Current Rank** approval: _____

Current **Salary Scale Class/Step** (confirm with your Division Office/Manager): _____

Complete questions A and B. Professional Growth Credits (PGC) are **NOT** required for rank advancement to **Assistant Professor**.

A. Academic Preparation: Degree/Year Awarded/Awarding Institution

B. Academic Experience at Institution(s) other than PCC: Your role/Name of Institution/Your highest academic rank (if applicable)/Number of years served

All information provided in this application will remain **confidential** and is **subject to verification** by the Academic Rank Committee. Change of rank is subject to approval by the Academic Senate and the President of the College. Notification will be provided to the applicant when this process is complete.

Applicant's Signature: _____

Date: _____