

PCC Full-Time Faculty: Academic Rank Advancement Application

Date: _____ Semester/Year: _____
Name: _____ Department/Division: _____

Faculty Position: (Academic or Career/Technical) _____
Email Address: _____

| Current Rank/Requested Rank: | check one | complete sections below |
|---|-----------|-------------------------|
| Instructor/Assistant Professor | _____ | A only |
| Assistant Professor/Associate Professor | _____ | A-C |
| Associate Professor/Professor | _____ | A-C |

Date of Tenure Approval by Board of Trustees: _____
(Tenure begins at the start of the semester following this date)
Date of Approval of Current Rank (semester/year): _____
Current Salary Scale Class/Step (confirm with your Division Office/Manager): _____

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

B. Academic Experience at Institution(s) other than PCC

Name of institution/highest rank/# of years served/teaching or non-teaching faculty

C. Professional Growth Credits-Complete/Attach Professional Growth Credit Log for activities completed after your last rank change.

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 applicant when this process is complete.

Applicant Signature: _____

Date: _____