



Faculty Status/Level Change Request Form

Full Name: _____

S#: _____

Department: _____

Phone: _____

It is the responsibility of faculty members to get their employment information verified by HR, obtain all signatures and submit the completed form to the Director of HR no later than May 18th to be considered for a level increase in the next academic year.

Level/Status Change Requested:

- Limited Temporary to Probationary Assistant Professor
- Assistant Professor - Probationary to Non-probationary
- Assistant Professor to Associate Professor
- Associate Professor to Full Professor

Faculty Name: _____

Signature: _____

Date: _____

To be eligible to advance from one level to another, the following information must be verified by signature from the Human Resource Office and the appropriate Dean.

Internal Use Only - To be completed by Human Resources:

Limited Faculty Hire Date: _____

Non-Probationary Status Date: _____

Regular Faculty Hire Date: _____

Last Level Change: _____

Current Level:

- Limited
- Regular Probationary
- Assistant Professor
- Associate Professor

Mailing Address: Campus Box 240 | P.O. Box 173363 | Denver, CO 80217 | Fax: 303.556.6557

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HR Director Name: _____

Signature: _____ Date: _____

Internal Use Only - To be completed by Center Dean:

For Provisional to Non-provisional Status – Faculty Handbook 3.0

- Met Credentialing requirements and recorded as part of the annual appraisal process
- Obtained appropriate degree to meet minimum hiring qualifications
- Completed three (3) consecutive years at level of Meets Expectations, Commendable or higher.
- Required letter of recommendation from Chair and Dean for movement to non-provisional status attached.

A faculty member **may remain in provisional status for four (4) years.*

For Level Advancement-Demonstrated Teaching and/or Job Performance – Faculty Handbook 4 & 10

- Completed six (6) years rated at the level of Commendable or higher as defined by the Performance Appraisal Process

OR

- Completed four (4) years which included a minimum of two (2) years rated at the level of Commendable and two (2) years rated at the level of Exemplary, as defined by the Performance Appraisal Process

Dean Name: _____

Signature: _____ Date: _____

VP/Provost Approval, Name: _____

Signature: _____ Date: _____

President Approval, Name: _____

Signature: _____ Date: _____