



Application for Academic Rank

Name: _____

Date: _____

I am applying for the Academic Rank of (Please check one)

Assistant Professor

Associate Professor

Professor

A. I have earned these degrees:

_____	From: _____	Confer Date: _____
_____	From: _____	Confer Date: _____
_____	From: _____	Confer Date: _____

B. I am currently a Rio Hondo College Full-Time Instructor Part-Time Instructor

C. Semester units beyond most advanced earned degree: _____

Number of upper-division semester units earned beyond BA/BS: _____

Number of upper-division semester units earned beyond MA/MS: _____

D. 1. Full-Time Teaching Experience in Years: (Accumulated part-time teaching may not be included for any full-time instructor)

At Rio Hondo College: _____ years

At other college(s): _____ years

At a high school: _____ years

For Part-Instructors Only

2. Part-Time Teaching Experience in Years:

At Rio Hondo College: _____ years

At other college(s): _____ years

E. Credentials Held:

F. Rank held at another college:

Rank _____ / College _____ / Location _____ / Date _____
_____ / _____ / _____ / _____

G. My current approved Academic Rank is (Please check one)

Instructor Assistant Professor Associate Professor Since academic year _____

H. Significant Prominence: If applying for rank advancement under significant prominence criteria, please attach evidence of significant prominence in the field of expertise as determined by each division¹, which includes "professional achievement" to be considered for substitution of college units and/or evidence of "contributions to the College" to be considered for substitution of full-time teaching experience.² In providing any evidence, please indicate your role, responsibilities, as well as starting and ending dates.

I. Certification: "I certify that the above information is true and correct."

Signature Printed Name / Date

Petition for: _____ Rank Approved: _____

Verified by Human Resources: Date _____ / _____
Signature Human Resources Representative

Academic Senate Approval: Date _____ / _____
Signature Senate President

Recommend for Board approval: Date _____ / _____
Signature Superintendent/President

Board Approval Date _____

¹ If such criterion is available. Please refer to your division records or dean for any established determinations for prominence as noted in Board Policy 4245.

² Please refer to Board Policy 4245 for a detailed explanation (found on the Rio Hondo College website <http://www.riohondo.edu/academic-senate/academic-rank-committee/>)