

Application for Academic Rank (Full-Time Faculty)

Name	Department	Email

- My current Academic Rank is (Please check one)
 □ Instructor □ Assistant Professor □ Associate Professor
- I am applying for the Academic Rank of (Please check one)
 □ Assistant Professor □ Associate Professor □ Professor
- 3. Explain below and include *all* evidence of your earned rank with this application to be considered for approval. Include letters or load sheets from *all* colleges, including RHC, for verification.

A. Earned degrees

Degree	College	Confer Date

B. Total 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:

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

Institution	# of Years
Rio Hondo College	
Other	

D. Credentials Held:

E. Significant Prominence: If applying for rank advancement under significant prominence criteria, please provide evidence of significant prominence in your field of expertise as determined by your division, which includes "Professional Achievement" and "Contributions to the College" to be considered for substitution of teaching experience or years of service. When providing evidence, please indicate your role, responsibilities, and starting/ending dates.

4. Applicant Certification: *"I certify that the above information is true and correct. I have provided the necessary evidence to determine my academic rank and grant the Academic Rank Committee permission to review it."*

	Cert	fication Signature	Date	
Petitioned Rank		Awarded Rar	ık	
Approved/Recommen	ided By:	Signature		Approval Date
Academic Rank Com Chair	mittee,			
Academic Senate, Pre	esident			
Superintendent/Presid	dent			
Board of Trustees Me	mber			