SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Clinical Track Promotion Cover Sheet

Name _____ Banner ID No.: _____ Campus Box _____
(TITLE) (First) (M.) (Last)
College or School _____ Department _____

Date of first full-time faculty appointment at SIUE _____

Present Rank _____

Personnel Action Being Considered:

_____Promotion, to be effective July 1, 2027.

_____To rank of clinical professor _____To rank of clinical associate professor _____To rank of clinical assistant professor Effective date Of current rank at SIUE _____ Years in current rank as of 6/30/2026 _____	

Please ✓ for each appropriate response below:

Recommend Promotion	Do NOT Recommend Promotion		
_____	_____	_____ (Department Committee)	_____ (Date)
_____	_____	_____ (Department Chair)	_____ (Date)
_____	_____	_____ (School/College Committee)	_____ (Date)
_____	_____	_____ (School/College Dean)	_____ (Date)
_____	_____	_____ (Provost and Vice Chancellor)	_____ (Date)
_____	_____	_____ (Chancellor)	_____ (Date)

For office use only: Promotion approved/disapproved by the SIU Board of Trustees at their Spring meeting. (Rev. July 2026)