**SAMPLE: Ballot for Promotion**

**Circulated to [***For promotion to…*

*Clinical Associate Professor:* **Clinical Associate, Associate, Clinical Full, and Full Professors**

*Clinical Full Professor:* **Clinical Full and Full Professors]**

**[Date Here]**

Below please indicate your assessment of \_\_\_\_\_\_\_\_\_\_’s case for promotion to [Clinical Associate Professor/Clinical Full Professor]. Ratings of 3 or below will be considered unfavorable.

I approve of Dr. \_\_\_\_\_\_\_\_\_’s promotion to \_\_\_\_\_\_\_\_\_\_.

|\_\_\_\_\_\_|\_\_\_\_\_\_|\_\_\_\_\_\_|\_\_\_\_\_\_|\_\_\_\_\_\_|\_\_\_\_\_| |\_\_\_\_\_|

1 2 3 4 5 6

 Strongly Strongly Abstain

 Disagree Agree

**PLEASE RETURN BALLOT TO MARY WLODARCZYK NO LATER THAN 5:00 P.M. ON [DATE HERE]. THANK YOU**.