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| **Summary Table of Chang Gung University Faculty Promotion Assessment** |
| **Name** |  | **Service Department** | **College: \_\_\_** **Department (Graduate Institute; Division): \_\_\_\_** |
| **Current Rank** | **□Professor □Associate professor** **□Assistant professor □Lecturer** | **Date of Commencement of Current Rank** | **Year/ Month/ Day** |
| **Application Rank for Promotion** | **□Professor □Associate professor** **□Assistant professor** | **Types of Employment** | **□Full-time** **□Part-time** |
| Review of Qualifications and Documents for Promotion | **一、Assessment of qualifications for promotion：****1.□Meet the requirements 2.□Fail to meet the requirements，Reasons：** **二、Assessment of documents for promotion：** **1.Faculty Promotion Application Form： □有□No** **2.Curriculum vitae： □Yes □No** **3.Photocopy of academic teaching rank accreditation certified by the Ministry of Education： □Yes □ No** **4.Photocopy of Letter of Appointment（3 years for full-time faculty、6 years for part-time faculty）：□Yes □No** **5.Research work submitted for review (duplicate copy) ：**  **A.Representative publication： □Yes □ No**  **B.Reference publications：Numberof reference publications in total** **6. Others： □Number of patents \_\_\_ □Number of IE improvement □Number of university-industry liaison projects****三、Review result： 1.□Pass 2.□Fail，Reasons:** **Director of the Personnel Office： Date：** |
| Comprehensive Review and Department/College-level Faculty Evaluation Committee Review | Comprehensive review results**：** **President： Date：** |
| Department-level faculty evaluation committee review**：一、Oral presentation review：****1. Date of presentation： Year Month Day 2. Topic of presentation：****二、According to the review of the Faculty Evaluation Committee on year/month/day in the \_\_\_ semester of the \_\_\_ academic year (reviewers’ reports are attached), the following result was reached. ：****1.□Recommended for promotion to： □professor □associate professor □assistant professor (□full-time □part-time)****2.□Not recommended for promotion，Reasons:** **Chair of the department/graduate institute/division： Date：** |
| College-level faculty evaluation committee review**：According to the review of the Faculty Evaluation Committee on year/month/day in the \_\_\_ semester of the \_\_\_ academic year (reviewers’ reports are attached), the following result was reached. ：** **一、□Recommended for promotion to： □professor □associate professor □assistant professor (□full-time □part-time )** **二、□Not recommended for promotion， Reasons：** **Dean of the college： Date：** |
| **University-level Faculty Evaluation Committee Review & Verdict** | **According to the review of the Faculty Evaluation Committee on year/month/day in the \_\_\_ semester of the \_\_\_ academic year (reviewers’ reports are attached), the following result was reached. ：** **一、□Promotion approved： □Professor □Associate professor □Assistant professor (□full-time □part-time)** **二、□Promotion denied， Reasons：** **Chairperson (President) ： Date：** |