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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：** | | | | | |