

INTENT TO SUBMIT FOR RANK CHANGE TO PROFESSOR

Date: _____

Name: _____

Address: _____

Phone: _____

FAX #: _____

E-Mail Address: _____

District Director: _____ Email _____

Dept. Head: _____ Email _____

Please return by **August 1, 2011** (This year ***August 15th***) to:

**Donna Doll-Yogerst, Chair
Department of Family Development
Oconto County UWEX
301 Washington Street
Oconto, WI 54153**

Fax: (920) 834-5853

donna.doll-yogerst@ces.uwex.edu **Preferred**