



UWEX Cooperative Extension  
Academic Staff  
Title Review Request (TRR)  
Category B: Instructional title series  
Lecturer: Associate to No Prefix  
All other Category B titles: Asst to Assoc

Name: \_\_\_\_\_

Current Academic Staff Prefix/Title: \_\_\_\_\_

Current Working Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Number of Full-Time Equivalent Years in Current Prefix/Title: \_\_\_\_\_

(convert part-time work to its full-time equivalent by multiplying years of employment by part-time percentage of appointment, i.e., 5 years employment at .60 FTE would be  $5 \times .60 = 3$  full-time years)

**CRITERIA FOR PROMOTION FROM ASSOCIATE TO NO PREFIX LECTURER or ASSISTANT TO ASSOCIATE PREFIX FOR ALL OTHER CATEGORY B TITLES  
[from UWEX UPG #15, section 15.04(1)]**

1. A minimum of two (2) full-time equivalent years in the current associate/assistant title. (*document years equaling at least 2 full-time years*) (convert part-time to full-time equivalent work by formula indicated above) (convert the required 2 full-time years to part-time work by dividing 2 years by your part-time percentage of work, i.e.:  $2/.80 = 2.5$  years at 80% time to have 2 full-time years)
2. Annual performance evaluations that reflect performance at or above the expectations for the associate position. (*attach documentation from at least 2 years of performance reviews*)
3. In appropriate circumstances, the individual works independently in the development, teaching and evaluation of educational programs and curriculum or in the conduct of research. (*attach a concise summary of your work that addresses this criterion and attach one example of how you have applied your professional skills to a work activity you carried out in your present position, i.e., a written document you prepared, video tape you produced, photos of and examples from a display you created, etc.*)

**The information indicated above and attached to this request is accurate to the best of my knowledge.**

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
(date)

**PLEASE FORWARD FOUR (4) SETS OF THIS INFORMATION  
AND  
A COPY OF THE SUPERVISORY REVIEW FORM TO YOUR SUPERVISOR**