

Professional Title Change Form

Name of Faculty Member: _____
Last First Middle Initial

PID: _____ Date of Application: _____

Current Rank: _____ (Rank I; Rank II; Rank II+12; Rank II+24; Rank II+36; Rank II+48; Rank III)

I qualify for the following Professional Title: _____
(please refer to the current UFF Collective Bargaining Agreement)

Basis for qualification of title:

TYPE or PRINT your response to each category completely. Note that the categories are the same as those listed in the contract.

A. Significant contributions in the following areas:
(please refer to the current UFF Collective Bargaining Agreement)

Excellence in Teaching:

Excellence in Scholarship/Creative Works:

Service to the College:

Service to the Students:

Service to Community/Professional Activities:

B. Education and Experience:

(please refer to the current UFF Collective Bargaining Agreement)

- Current degree: _____
- Number of hours in discipline or equivalent: _____
(attach explanation)
- Number of hours above current degree: _____
- Number of years of full-time college teaching experience: _____
- Number of years of full-time teaching at BCC: _____
- Number of years on *continuing contract* at BCC: _____
(information required for titles of Associate Professor, Professor, and Senior Professor)
- Rank and course work currently updated and on file at Human Resources:

Yes _____

No _____ (if No, official transcripts should be requested and sent to Personnel Operations)

REVIEWED

RECOMMENDED*

Associate Dean **Date**

Yes ____ No ____

Academic Dean **Date**

Yes ____ No ____

Provost **Date**

Yes ____ No ____

President **Date**

Yes ____ No ____

Submitted and Approved by the Board of Trustees on: _____
Date

*** If not recommended, rationale will be provided.**

Signed copy will be sent to the Faculty member