

# REGENTS PROFESSOR NOMINATION 2024-2025

(Please type and fill in **all** appropriate fields)

Name  WSU ID #

Current Title  Proposed Title

Department/Unit  
AND  
Campus or Location

Pullman  Spokane  Tri-Cities  Vancouver  Other

Terminal Degree  Degree Year  Beginning Tenure-Track Year at WSU

Academic  Annual  Tenured Year

## SUPPORT MATERIALS ATTACHED

- Current Resume
- Annual Reviews Since Last Promotion
- Context Statement
- Letters From External Reviewers
- External Reviewer Biographies
- Teaching Portfolio
- Reprints/Creative Accomplishments Other

## Summary of Review Criteria

(Continue on attachment if necessary)  
(e.g. distribution of job responsibilities and any special considerations)

**Chairs Analysis  
and  
Recommendation**

(Continue on attachment  
if necessary)

Signature

Date

Please type name

**Dean's Analysis  
and  
Recommendation**

(Continue on attachment  
if necessary)

Academic Dean Signature

**Date**

**Please type name**

Chancellor or Vice Chancellor Signature

**Date**

**Please type name**