

2026-2027 REGENTS PROFESSOR NOMINATION

Administrative Form

Please type and fill in all appropriate fields.

Name

WSU ID

Current Title

Year Promoted to Professor

Academic

Annual

10-Month

Full-Time (100% FTE)

Part-Time (

% FTE)

Campus

Department

Date of Appointment at WSU

Year(s) of Previous Regents Professor Nomination(s)

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Workload Distribution

Please list workload expectations at the time of dossier submission. Changes in workload expectations over time should be included in chair's analysis, as necessary. The sum of the categories should be 100%, regardless of FTE.

Teaching

Scholarship

Service

Extension

Clinical Practice

Librarianship

Administration

Other

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Summary of
Review Criteria

Chair's Analysis and Recommendation

Additional comments may be added as an attachment.

Chair's Signature

Date

Chair's Name

Dean's Analysis and Recommendation

Additional comments may be added as an attachment.

Dean's Signature

Date

Dean's Name

EVP for WSU Statewide Campuses/VCAA's Signature

Date

EVP for WSU Statewide Campuses/VCAA's Name