

## REGENTS PROFESSOR NOMINATION 2023-2024

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

Name  WSU ID #

Current Title  Proposed Title

**Department/Unit** (If off-campus, please give ENTIRE address. If on-campus give department name and 4+plus zip code.)

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

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### 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