

2026-2027 LAUREATE PROFESSOR NOMINATION

Administrative Form

Please type and fill in all appropriate fields.

Name WSU ID

Current Title Subtrack

Year Promoted to Career-Track Professor

Academic Annual 10-Month

Full-Time (100% FTE) Part-Time (% FTE)

Campus Department

Date of Appointment at WSU

Year(s) of Previous Laureate 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