

LECTURER PROMOTION ELIGIBILITY VERIFICATION

Lecturers seeking promotion to Senior Lecturer must complete and submit this form to Human Resources records for verification of terms taught. Allow up to 3 weeks to process verification.

Name:			
College/School:	(last)	(first)	(Last 4 of SSN)
Department/Program:			
Department/Program.			
Contact number:			
TERMS TAUGHT			
	promotion in the eighth term of teachin	-	owing
	ven terms taught at LMU. (Note summe		
Term Information	Term 1	Ter	m 2
Semester/Ye			
Team Taught? (Y/	N) O Yes O No	○ Yes ○ No	
Term Information	Term 3	Ter	m 4
Semester/Ye			
Team Taught? (Y/	N) O Yes O No	○ Yes ○ No	
Term Information	Term 5	Ter	m 6
Semester/Ye	ar		
Team Taught? (Y/	N) O Yes O No	○ Yes ○ No	
Term Information	Term 7	Ter	m 8
Semester/Ye			
Team Taught? (Y/	N) O Yes O No	○ Yes ○ No	
ATTESTATION			
east eight semesters of te and correct to the best of	am a Lecturer at Loyola Marym y for a promotion. I understand that on aching at LMU. I hereby acknowledge th my knowledge and belief.	ne above information that I have	gibility is at provided is true
Signature:		Date:	
	Email the completed form to:	lpev@lmu.edu	
APPROVAL			
Received by HR		Date:	
Approval Status	Approved O Denied Reason:		