



LaGuardia Community College

31-10 Thomson Avenue - Long Island City, New York 11101. Telephone (718) 482-7200

PROMOTION REQUEST (Adjunct Associate Professor and Adjunct Professor)

Name: _____ Department: _____

Current Rank: _____ Start Date at College: _____

Highest Degree Earned: _____ Date Earned : _____

Adjunct Associate Professor

Number of Years as Adjunct Assistant Professor: _____

Number of Semesters Appointed: _____

Adjunct Professor

Number of Years as Adjunct Associate Professor: _____

Attach the following documents with the form:

- Updated CV
- Reflective Essay: Description and documentation of fulfilling criteria for promotion
- Last five semesters of SIRs

Signature: _____ Date: _____

Department Chair