



# LaGUARDIA COMMUNITY COLLEGE

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

## PROMOTION REQUEST (Adjunct Associate Professor and Adjunct Professor)

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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