

MIAMI DADE COLLEGE

PROMOTIONS PACKET CUSTODY FORM

Packet for _____
Name of faculty member

Program/Department _____ Phone# _____

Campus _____

Chairperson's or Designee's Signature Date Received

Director's or Designee's Signature (as appropriate) Date Received

Academic Dean's Office Date Received

Campus Promotions Committee's Signature Date Received

Academic Dean's or Designee's Signature Date Received

Return of Packet After Board Action

Faculty Member's Signature Date Received