

OVCA FORM 108A: APPLICATION FOR RECLASSIFICATION AND RANKING AND PROMOTION for FACULTY

Date:		
For:	Dean/Director	
Attention:	Department Chair/Program Director	
From:		
Subject:	Application for Reclassification and Promotion	

I wish to submit my application for reclassification/promotion. I believe I have reached the required number of points to be reclassified/promoted from ______(current rank) to ______(rank being applied for).

Below is a table which highlights the criteria contained in the Faculty Manual, the credentials submitted to satisfy these requirements and the equivalent points proposed for your evaluation.

Criteria (maximum points)	Credentials	Proposed Equivalent Points	Actual Points (APEB)
Educational Qualification (22 pts.)			
Years of Teaching/Professional Experience (20 pts.)			
Research and Publications (15 pts.)			
Service to Committee/Community Service (10 pts.)			
Training Programs and Seminars (5 pts.)			
Performance Evaluation (23 pts.)			
Involvement in Professional Organizations (5 pts.)			

TOTAL POINTS: _____ EQUIVALENT ACADEMIC RANK: _____ EFFECTIVE DATE: _____ SY:

I am willing to clarify the points I presented regarding my application or present other credentials should the APEB require me to do so.

Thank you for your attention.

EVALUATED AND ENDORSED:

Member

Member

Dean/Director & Chairman

Philippine Copyright, 2017 By DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE, DR. J.O.C All Rights Reserved

No part of this form maybe reproduced, stored in a retrieval system, or transmitted, in any form or any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the Institute.

