

# Dalla Lana School of Public Health

## Academic Promotion

*Table 6: Data Summary Sheet for Student Testimonial List*

Candidate's Name:

Primary Division/ Institute:

Date Submitted:

(day/month/year)

| Name of Student | Selected by (check one)  |  | Dates (D/M/Y) |          |
|-----------------|--------------------------|--|---------------|----------|
|                 | Candidate                | Dean/Director/Decanal Promotions Committee | Solicited     | Received |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |
|                 | <input type="checkbox"/> | <input type="checkbox"/>                   |               |          |

*Cont'd...*

