

(completed by the applicant)

1. Name: _____ Current rank: _____
College: _____ Department: _____
2. Current Faculty Track: Tenure Track Clinical Track
3. Personnel Action Requested - Reappointment for a:
 Two-year Contract Three-year Contract Five-year Contract Other: _____
4. Year & Semester Initially Appointed to Tenure Track or Clinical Track: _____
Leave(s) of Absence, list semester(s): _____
For tenure-track faculty, Year(s) of tenure credit: ____ and Year eligible for tenure: ____ or N/A
For tenured faculty, Year/semester of tenure: ____ or N/A
5. Years in current faculty rank at USI, as of the end of this academic year: ____
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I have reviewed the portfolio that I am submitting with this application, and I am presenting it as accurate, complete, current, and ready for review. I also affirm that the material contained in this portfolio is my work unless it is clearly identified on its face as the work of someone else. I understand that I may not add or remove material in the portfolio once submitted.

Applicant's Signature _____ Date _____

The following is completed by the appropriate administrator or review committee.

(Indicate if not applicable.)

Portfolio received by:	Date:	Materials Added:	By:	Date:
Department/Program Chair				
Department Review Committee				
College/Unit Review Committee				
College Dean/Library Director				
Provost				