

APPLICATION FORM FOR PROMOTION AND/OR TENURE
FOR TENURE TRACK, TENURED, OR CLINICAL TRACK FACULTY

Faculty Member's Information (completed by the applicant)

1. Name: _____ Current rank: _____
College: _____ Department: _____

2. Current Faculty Track: [] Tenure Track [] Tenured [] Clinical Track

3. Personnel Action Requested (mark all that apply): [] Promotion [] Tenure
Promotion to: [] Assistant Professor [] Associate Professor [] Professor [] N/A
[] Clinical Assistant Professor [] Clinical Associate Professor [] Clinical Professor

4. Year & Semester Initially Appointed to Tenure Track or Clinical Track: _____
Leaves of Absence (list semester(s) or N/A): _____
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, 4.0 475.68 Td 43P 486 169.1DC B11.1 scn6

I have reviewed the portfolio that I am submitting with this application, and I am presenting 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 and that I may not add or remove material in the portfolio once submitted.

Applicant's Signature _____ Date _____

Table with 2 columns and 3 rows. Row 1: University Promotions Committee. Row 2: Provost. Row 3: (Empty)