

**APPLICATION FORM  
FOR FACULTY PROMOTION AND/OR TENURE**

**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 Appointed to Tenure Track or Clinical Track: \_\_\_\_\_  
Year(s) of tenure credit (if applicable): \_\_\_\_ Leaves of Absence (list semester(s) if applicable): \_\_\_\_\_  
Year eligible for tenure: \_\_\_\_ Date of tenure: \_\_\_\_  N/A

5. Years in present faculty rank, as of the end of the current academic year:  
At USI: \_\_\_\_ Elsewhere: \_\_\_\_ Total: \_\_\_\_

6. Portfolio guidelines version used:  Prior to Fall 2017  Effective Fall 2017  
Portfolio Part 2 is submitted as a:  Second binder  USB drive  N/A

**Applicant's Signed Statement**

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.*

<b>Routing</b> (Indicate if not applicable.)		<b>Added Materials Inventory</b>		
<b>Portfolio received by:</b>	<b>Date:</b>	<b>Materials Added:</b>	<b>By:</b>	<b>Date:</b>
Department/Program Chair				
Department Review Committee				
College/Unit Review Committee				
College Dean/Director of Library				
University Promotions Committee				
Provost				