

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
Greensboro
Office of the Provost and Vice Chancellor for Academic Affairs

APPLICATION FORM FOR PROMOTION AND/OR TENURE

Date _____

Name _____
Last First Middle

School or Division _____ Department _____

ACTION REQUESTED:

- Promotion to _____
- Tenure
- Promotion and Tenure

Present Rank _____ Date of Present Rank _____

US Citizen YES No (circle one) If no, country of citizenship _____

Will faculty member become a citizen _____ When _____

Date of initial appointment of faculty _____ Initial Rank _____

Years of service as full-time member of faculty _____

Education Background – (Indicate each degree, date earned and institution; Note additional study and training.) If faculty member is working toward an advanced degree, indicate number of semester hours completed beyond present degree and attach copy of supporting transcript(s).

Area or field of specialization _____

Teaching and other professional experience:
Show inclusive dates, rank and/or title, institution or agency, and indicated first appointment at current institution with rank and any changes to date. (Attach additional sheet if needed.)

Publications (may be written up in a summary form)

List membership(s) in professional organizations

List honors and awards

Teaching Performance

1. Summarize available evidence of effectiveness in teaching. (Attach additional sheets if needed.)

2. Summarize special contributions to course and curriculum development , experimentation with new methods, materials, etc.

3. Summarize evidence of effectiveness in academic advising and counseling.

1. Summarize evidence of research and scholarly productivity.

2. Summarize evidence of professional growth within the past five years.

3. Contacts with professional organizations for the past five years.

<u>Name of Organization</u>	<u>Office and Committee Assignments</u>	<u>Attended Meetings</u>	<u>Check if On Program</u>
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1. Indicate significant committee and administrative responsibilities and contributions. Evaluate the effectiveness of performance. (Attach additional sheets if needed.)

Service to the University (continued)

2. Special grants and programs brought to the University (Attach additional sheets if needed):

Dates

Source or Type

Signature of Applicant

FOR ADMINISTRATOR'S USE ONLY

- Recommended for Promotion to
- Not Recommended for Promotion to

- Recommended for Tenure
- Not Recommended for Tenure

BY: _____
Head of Department

Date _____

- Recommended for Promotion to
- Not Recommended for Promotion to

- Recommended for Tenure
- Not Recommended for Tenure

BY: _____
Dean or Division Director

Date _____