

**Tenure and Promotion Application Form**

# Information:

|  |  |  |
| --- | --- | --- |
| Name:  | Campus: |  University of New Orleans  |
| *(Last Name, First Name)* |  |
| Department:  | Date Submitted:  |
| CurrentRank/Title:  | Employee ID #:  |
| Date Appointed:  | College: |   |
| *(Month/Year)* |  | *(COBA/COE/COLAEHD/COS/Library)* |
| AppointmentStatus:  | Years of Serviceat UNO:  |
| *(Tenured or Term)* |  | *(Include current year)* |
| Pay Basis:  | Years at PresentRank:  |
| *(Academic or Fiscal)* |  | *(Include current year)* |
| GraduateFaculty Status:  | Years of ServiceElsewhere:  |
| *(Member/Not Member)* |  |

**Request Review for:**

|  |  |  |
| --- | --- | --- |
| ☐ | Tenure Only |  |
| ☐ | Tenure and Promotion to the Rank of:  |   |
| *(Associate Professor, Full Professor, Associate Librarian, Librarian, Other [specify])* |
| ☐ | Promotion to the Rank of:  |   |
| *(Associate Professor, Full Professor, Associate Librarian, Librarian, Other [specify])* |
|  | Effective Date of Action:  |  August  |
|  |  | *(Add Year)* |

**Evaluation by the Department RTP Committee**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The individual’s qualifications in the following areas should be considered for each reviewing authority to make a valid and discriminating judgment: 1) instruction and instructional-related activities; 2) research, scholarship, and creative activity; and 3) service to the university, community, or profession. Each area should be addressed in the review that follows.

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| ☐ | Recommended |  |  |  |
| ☐ | Not Recommended | Department RTP Committee Chair’s Signature |  | Date |

**Evaluation by Department Chair**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### A robust statement either supporting or not supporting the Department RTP Committee recommendation is required. If the applicant is the Department Chair, the Associate Dean shall evaluate. Please do not use an “ad hoc” Chair from the faculty to provide the evaluation. If the Department Chair does not have a rank higher than or equal to the rank for which a candidate is being considered, the Associate Dean assumes the role of Department Chair.

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| ☐ | Recommended |  |  |  |
| ☐ | Not Recommended | Department Chair’s Signature |  | Date |

**Evaluation by College RTP Committee**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### A statement on the evaluation of the applicant’s file in accordance with criteria established by the Department, College and University is required.

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| ☐ | Recommended |  |  |  |
| ☐ | Not Recommended | College RTP Committee Chair’s Signature |  | Date |
|  |  |  |  |  |

**Evaluation by Dean**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An independent recommendation either supporting or not supporting the prior evaluations is required.

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| ☐ | Recommended |  |  |  |
| ☐ | Not Recommended | College Dean’s Signature |  | Date |
|  |  |  |  |  |

**Campus Action**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provost and Senior Vice President for Academic Affairs:**

|  |  |
| --- | --- |
| ☐ | Recommended |
| ☐ | Not Recommended |
| Comments: |

|  |  |  |
| --- | --- | --- |
| Provost’s Signature |  | Date |

**President:**

|  |  |
| --- | --- |
| ☐ | Recommended |
| ☐ | Not Recommended |
| Comments: |

|  |  |  |
| --- | --- | --- |
| President’s Signature |  | Date |