

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

Faculty Member's Information (completed by the applicant)

- Name: _____ Current rank: _____
College: _____ Department: _____
- Current Faculty Track: Tenure Track Tenured Clinical Track
- 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
- 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
- Years in current faculty rank at USI, as of the end of this current academic year: ____
- Portfolio guidelines version used: Prior to Fall 2017 Effective Fall 2017

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.

Routing (Indicate if not applicable.)

Added Materials Inventory

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