## 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 REQU	ESTED:			
( )	Promotion to			
( )	Tenure			
( )	Promotion and Tenure			
Present Rank		Date of Present Rank		
US Citizen	YES No (circle one)	If no, country of ci	tizenship	
Will faculty mer	nber 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.

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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.

Name of	Office and Committee	Attended	Check if
Organization	Assignments	Meetings	On Program

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:\_\_\_\_\_ Date \_\_\_\_\_ Head of Department Recommended for Promotion to ( ) ) Not Recommended for Promotion to ( Recommended for Tenure ( ) ( ) Not Recommended for Tenure Date \_\_\_\_\_ BY:\_\_\_\_\_ \_\_\_\_\_ Dean or Division Director