

## Promotion / Tenure Review Request THE LOUISIANA STATE UNIVERSITY SYSTEM

NAME: \_\_\_\_\_  
Last Name, First Name

CAMPUS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

PRESENT RANK / TITLE: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

\_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE APPOINTED: \_\_\_\_\_

YEARS OF SERVICE:

IN LSU SYSTEM \_\_\_\_\_

IN PRESENT RANK \_\_\_\_\_

ELSEWHERE \_\_\_\_\_

APPOINTMENT STATUS: \_\_\_\_\_

PAY BASIS: \_\_\_\_\_

GRADUATE FACULTY STATUS: \_\_\_\_\_

REQUEST REVIEW FOR:

- PROMOTION TO RANK OF \_\_\_\_\_
- TENURE
- TENURE ONLY

EFFECTIVE DATE: \_\_\_\_\_

EDUCATION: (Reverse Chronological Order)

INSTITUTION	DEGREE	DATE AWARDED

PROFESSIONAL EXPERIENCE (INCLUDE LSU SYSTEM) (Reverse Chronological Order)

INSTITUTION	RANK	INCLUSIVE APPOINTMENT DATE (MONTH, YEAR)

CANDIDATE \_\_\_\_\_

**EVALUATION BY SENIOR PROGRAM FACULTY COMMITTEE**

The individual's qualifications in the following areas should be considered for each reviewing authority to make a valid and discriminating judgment: (1) instructional ability and teaching performance, (2) scholarly and research activity, (3) participation in program, school, and university activities, and (4) community service.

**Current Distribution of Academic Staff within the Program:**

<b>FT</b>	<b>___ Professor</b>	<b>___ Associate Professor</b>	<b>___ Assistant Professor</b>	<b>___ Instructor</b>
<b>PT</b>	<b>( )</b>	<b>( )</b>	<b>( )</b>	<b>( )</b>

**The vote of the tenured / senior program faculty on the proposed action:**

<b>___ FAVORABLE</b>	<b>___ OPPOSED</b>	<b>___ ABSTAINED</b>	<b>___ ABSENT</b>
----------------------	--------------------	----------------------	-------------------

**Comments (If Split Recommendation)**

CANDIDATE \_\_\_\_\_

**EVALUATION BY SPH PROGRAM DIRECTOR**

**RECOMMENDED**

**NOT RECOMMENDED** \_\_\_\_\_

PROGRAM DIRECTOR

DATE



**EVALUATION BY DEAN**

**RECOMMENDED**

**NOT RECOMMENDED** \_\_\_\_\_

DEAN

DATE

