



THE UNIVERSITY of NEW ORLEANS

ACADEMIC AFFAIRS

Promotion/Tenure Application Form

Information:

Name:	_____	Campus:	University of New Orleans
	<i>(Last Name, First Name)</i>		
Department:	_____	Date Submitted:	_____
Current Rank/Title:	_____	Employee ID #:	_____
Date Appointed:	_____	College:	_____
	<i>(Month/Year)</i>		<i>(COBA/COE/COLAEHD/COS/Library)</i>
Appointment Status:	_____	Years of Service at UNO:	_____
	<i>(Tenured or Term)</i>		<i>(Include current year)</i>
Pay Basis:	_____	Years at Present Rank:	_____
	<i>(Academic or Fiscal)</i>		<i>(Include current year)</i>
Graduate Faculty Status:	_____	Years of Service Elsewhere:	_____
	<i>(Associate/Full/Not Member)</i>		

Request Review for:

<input type="checkbox"/> Promotion to the Rank of:	_____
	<i>(Associate Professor, Full Professor, Associate Librarian, Librarian, Other [specify])</i>
<input type="checkbox"/> Promotion with Tenure to the Rank of:	_____
	<i>(Associate Professor, Full Professor, Associate Librarian, Librarian, Other [specify])</i>
<input type="checkbox"/> Tenure Only:	
Effective Date of Action:	August
	<i>(Add Year)</i>

Please Note:

- ✓ Attach your curriculum vitae from Faculty 180
- ✓ Do not punch holes or staple documents

Applicant Name: _____

Evaluation by the Tenured/Senior Department Faculty

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, including **quantitative** evidence (applicant's student evaluation summary scores, as compared with departmental and college means or medians, should be sufficient, although additional quantitative evidence may be included as appropriate) of teaching performance; 2) scholarly and research activity; 3) participation in departmental, college, and university activities; 4) professional service; and 5) community service. Each area should be addressed in the review that follows.

Current Number of Academic Staff by Rank within the Department/Division		Vote of the Tenured/Senior Department Faculty (excluding Chair) on the Proposed Action	
#	Rank	#	<i>(All qualified faculty/staff should be accounted for in the vote distribution. The Chair should not vote and should not be included in the vote distribution.)</i>
	Professor		Yes
	Associate Professor		No
	Assistant Professor		Abstain
	Instructor		Absent

Applicant Name: _____

Evaluation by Department Chair

A robust statement either supporting or not supporting the faculty recommendation is required. If the applicant is the Department Chair, he or she should be evaluated by his or her Dean. In the comment space, please insert "Applicant is a Department Chair and will be evaluated by the Dean". Please do not use an "ad hoc" Chair from the faculty to provide the evaluation.

☐ Recommended

☐ Not Recommended

Department Chair's Signature

Date

Applicant Name: _____

Evaluation by Dean

A robust statement either supporting or not supporting the Chair's recommendation is required.

☐ Recommended

☐ Not Recommended

College Dean's Signature

Date

Applicant Name: _____

Campus Action

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