

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 DEPARTMENT 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 departmental, college, and university activities, and (4) community service.

Current Distribution of Academic Staff within the Departmental/Division:

FT	____ Professor	____ Associate Professor	____ Assistant Professor	____ Instructor
PT	()	()	()	()

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

___ FAVORABLE	___ OPPOSED	___ ABSTAINED	___ ABSENT
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Comments (If Split Recommendation)

CANDIDATE _____

EVALUATION BY DEPARTMENT CHAIR / HEAD / SPH PROGRAM DIRECTOR

RECOMMENDED

NOT RECOMMENDED _____
DEPARTMENT CHAIR / HEAD / PROGRAM DIRECTOR DATE



EVALUATION BY DEAN / DIRECTOR

RECOMMENDED

NOT RECOMMENDED _____
DEAN / DIRECTOR DATE

