

## 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 SCHOOL 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:**

<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 number of votes of the tenured / senior department faculty on the proposed action:**

<b>____ FAVORABLE</b>	<b>____ OPPOSED</b>	<b>____ ABSTAINED</b>	<b>____ ABSENT</b>
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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

CANDIDATE \_\_\_\_\_

EVALUATION BY SCHOOL/CAMPUS REVIEW COMMITTEES

	1	2	3	4	5	6	7
EVALUATION BY APPOINTMENTS AND PROMOTIONS COMMITTEE							
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ RECOMMENDED	_____ SIGNATURE	_____ DATE
_____ NOT RECOMMENDED	_____ TITLE	

ACTION BY ADMINISTRATIVE COUNCIL (IF APPLICABLE)

_____ RECOMMENDED	_____ SIGNATURE	_____ DATE
_____ NOT RECOMMENDED	_____ TITLE	

CAMPUS ACTION

_____ RECOMMENDED		
_____ NOT RECOMMENDED	_____ VICE CHANCELLOR FOR ACADEMIC AFFAIRS	_____ DATE

_____ RECOMMENDED		
_____ NOT RECOMMENDED	_____ CHANCELLOR	_____ DATE

SPLIT-APPOINTMENT CAMPUS ACTION:

_____ RECOMMENDED		
_____ NOT RECOMMENDED	_____ VICE CHANCELLOR	_____ DATE

_____ RECOMMENDED		
_____ NOT RECOMMENDED	_____ CHANCELLOR	_____ DATE

LSU SYSTEM ACTION

_____ RECOMMENDED		
_____ NOT RECOMMENDED	_____ VICE PRESIDENT FOR ACADEMIC AFFAIRS	_____ DATE

_____ RECOMMENDED		
_____ NOT RECOMMENDED	_____ PRESIDENT	_____ DATE

BOARD ACTION