

*Print, Sign and Insert an Original in application packet*

**2019-20 APPLICATION FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Contact No: \_\_\_\_\_

School/College: \_\_\_\_\_ Unit: \_\_\_\_\_

Dean/Director: \_\_\_\_\_ Dean's E-mail: \_\_\_\_\_

Current Rank and Discipline: \_\_\_\_\_

Date of tenure track employment at the University: \_\_\_\_\_

Date of last promotion at UOG: \_\_\_\_\_

*(If you are uncertain, verification may be obtained from the Human Resources Office)*

Have you earned tenure?  YES (Date of Tenure: \_\_\_\_\_)  NO

What is the effective date of your reappointment (continuing employment)? \_\_\_\_\_

Action desired (choose one only):  Promotion to: \_\_\_\_\_  
 Tenure

**Major Roles:** Check at least 3 appropriate ones (please consult CFES, pp. 3, 9-11); indicate appropriate percentages (must total 100%). Note: Must have at least 50% in major role for either promotion or tenure.

**Note:** Complete one (1) form for EACH application if applying for Both Tenure and Promotion.

**FOR PROMOTION**

\_\_\_\_\_% Instruction  
 \_\_\_\_\_% Creative/Scholarly Activity or Research  
 (minimum 5%)  
 \_\_\_\_\_% Extension and Community Activities  
 \_\_\_\_\_% University and Community Service  
 (minimum 5%)  
 \_\_\_\_\_% Library Academic Research Support  
 \_\_\_\_\_% Counseling Center Academic Support

**100 % TOTAL**

**FOR TENURE**

\_\_\_\_\_% Instruction  
 \_\_\_\_\_% Creative/Scholarly Activity or Research  
 (minimum 25%)  
 \_\_\_\_\_% Extension and Community Activities  
 \_\_\_\_\_% University and Community Service  
 (minimum 15%)  
 \_\_\_\_\_% Library Academic Research Support  
 \_\_\_\_\_% Counseling Center Academic Support

**100 % TOTAL**

I, \_\_\_\_\_, (Print Name) authorize the members of the UOG Promotion and Tenure Committee to access my Promotion and Tenure Package and the Personnel Files for the purpose of review of my P&T application package.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCE LETTER LIST**

(E-mail a word.doc copy of this page to P&T Chair after submitting packet to HRO)

Applicant Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

- List below no fewer than five (5) people from whom you wish the committee to seek recommendations. (If needed, please duplicate this page for additional Reference listings.)
- Please include at least two (2) current members of your Unit (U), of whom at least one (1) is a current member of your Discipline (D) at UOG. Please designate these individuals with a U or a D next to the name.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

7. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_