

APPLICATION FOR ADVANCEMENT OF PART-TIME FACULTY MEMBER

NAME _____

CHAIR/DIRECTOR _____

DEPARTMENT _____

COLLEGE _____

DEAN _____

This is a request for advancement from the level of _____

to the level of _____

DATE OF APPOINTMENT TO PRESENT LEVEL _____

ORIGINAL DATE OF HIRE _____ LEVEL AT HIRING _____

NUMBER OF CREDITS TAUGHT SINCE LAST ADVANCEMENT _____

Courses taught:

Semester or session:

DEMONSTRATED TEACHING ABILITY (*include evidence*)

SERVICE TO THE DEPARTMENT OR COLLEGE BEYOND COURSE TEACHING SINCE LAST ADVANCEMENT

Signature of Faculty Member

Date

This form must be sent to the appropriate academic dean by the following dates:

August 25 for consideration in the fall semester

January 5 for consideration in the spring semester

May 15 for consideration in the summer sessions