

## 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:**

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

<b>___ FAVORABLE</b>	<b>___ OPPOSED</b>	<b>___ ABSTAINED</b>	<b>___ ABSENT</b>
----------------------	--------------------	----------------------	-------------------

**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
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"/>

EVALUATION BY APPOINTMENTS AND PROMOTIONS COMMITTEE

\_\_\_\_\_ 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 VICE PRESIDENT FOR ACADEMIC AFFAIRS DATE

\_\_\_\_\_ NOT RECOMMENDED

\_\_\_\_\_ RECOMMENDED

\_\_\_\_\_ NOT RECOMMENDED PRESIDENT DATE

BOARD ACTION