Promotion / Tenure Review Request
THE LOUISIANA STATE UNIVERSITY SYSTEM

NAME: _____
Last Name, First Name

CAMPUS: _____

DEPARTMENT: _____

DATE SUBMITTED: _____

PRESENT RANK / TITLE: _____

EMPLOYEE ID: _____

_____

SCHOOL: _____

YEARS OF SERVICE:
IN LSU SYSTEM _____
IN PRESENT RANK _____
ELSEWHERE _____

DATE APPOINTED: _____

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**

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

EVALUATION BY APPOINTMENTS AND PROMOTIONS COMMITTEE

	1	2	3	4	5	6	7
A	☐	☐	☐	☐	☐	☐	☐
B	☐	☐	☐	☐	☐	☐	☐
C	☐	☐	☐	☐	☐	☐	☐
D	☐	☐	☐	☐	☐	☐	☐
F	☐	☐	☐	☐	☐	☐	☐

_____ **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