



***Print, Sign, and Include in Your Application Packet***

**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.

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



## REFERENCE LETTER LIST

(Email a Word 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: \_\_\_\_\_