

University of Guam
Promotion and Tenure Committee
Academic Year 2018-19

Print, Sign and Insert an Original in application packet

2018-19 APPLICATION FORM

Date _____

Name: _____ E-mail: _____

School/College: _____ Contact # _____

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 _____ Promotion to: _____
(choose one only): _____ 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

For Tenure

____ % 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

____ % 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: _____
