

Revised: August 25, 2016

Revised: February 20, 2017
Reviewed: April 1, 2020

Reviewed: June 28, 2023
Reviewed: February 10, 2025

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| **FACULTY APPLICATION** [ ]  **TENURE** [ ]  **PROMOTION** |
|  Name of Applicant Click here to enter text. | Years at Present RankClick here to enter text. |
| Present RankClick here to enter text. | Rank RequestedClick here to enter text. |
| DepartmentClick here to enter text. | CollegeClick here to enter text. |
| Year of Initial Appointment at Athens State UniversityClick here to enter text. |
|  **SUMMARY** | **ATHENS STATE UNIVERSITY** |  **TOTAL** |
| College/university teaching experience | Click here to enter text. Years | Click here to enter text. Years |
| Other teaching experience | Click here to enter text. Years | Click here to enter text. Years |
| Other experience | Click here to enter text. Years | Click here to enter text. Years |
| Years in present academic rank | Click here to enter text. Years | Click here to enter text. Years |
| Submit this Application for Tenure and/or Promotionby **September 1** to your College DeanPlease refer to the policy for Promotion of Faculty and Continuation of Appointmentsfor further details, requirements and timeline at:[Promotion of Faculty Policy](https://www.athensedu.org/pdfs/policies/Operating/Human-Resources/Promotion-of-Faculty.pdf)[Continuation of Appointments-Tenure Policy](https://www.athensedu.org/pdfs/policies/Operating/Human-Resources/Continuation-of-Appt-Tenure.pdf) |
| Applicant's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DateClick here to enter a date. |
| College Dean's Signature/Library Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your signature indicates that the applicants meets the minimum criteria for tenure and/or promotion. | DateClick here to enter a date. |