

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 Rank  Click here to enter text. |
| Present Rank  Click here to enter text. | | | Rank Requested  Click here to enter text. |
| Department  Click here to enter text. | | | College  Click here to enter text. |
| Year of Initial Appointment at Athens State University  Click 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 Promotion  by **September 1** to your College Dean  Please refer to the policy for Promotion of Faculty and Continuation of Appointments  for 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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date  Click 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. | | Date  Click here to enter a date. | |