



Campus: LSU
 Date Submitted: _____

Tenure clock extension _____ - _____
 Second extension (if applicable) _____ - _____
 Non-mandatory Review
 Early Review
 Campus Split: % LSU: _____
 % • Ag • PBRC • HSCNO: _____

PROMOTION/TENURE REVIEW REQUEST

Name: _____ LSU ID: _____

Department: _____ College: _____
(full name)

Present Rank/Title: _____ Last Appointment Date: _____

[Academic & Administrative, if applicable]

Current Appointment Status		Pay Basis	
• Tenured	• Non-tenured	• Academic Year	• Fiscal Year

Years of service at time of request submission:	
In LSU System:	
In present rank:	
Elsewhere:	

Graduate Faculty Status		
• Member	• Associate	• None

Review for promotion to rank of:	Effective date

• with tenure promotion only	Fiscal Year Academic Year Other _____

Education		
Institution	Degree	Date Awarded (mm/yyyy)

Professional Experience <i>[include experience acquired at any of the LSU campuses]</i>		
Institution	Rank	Period of Appointment
		-
		-
		-
		-
		-

Candidate: _____

I.) RECOMMENDATION BY DEPARTMENT

Evaluation by the Tenured/Senior Department Faculty:

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, (2) Scholarly and research activity, and (3) Participation in departmental, college, and university activities.

I.A.) Current distribution of academic staff within the department/division:

Title	Number of Faculty
Professor	
Associate Professor	
Assistant Professor	
Instructor	

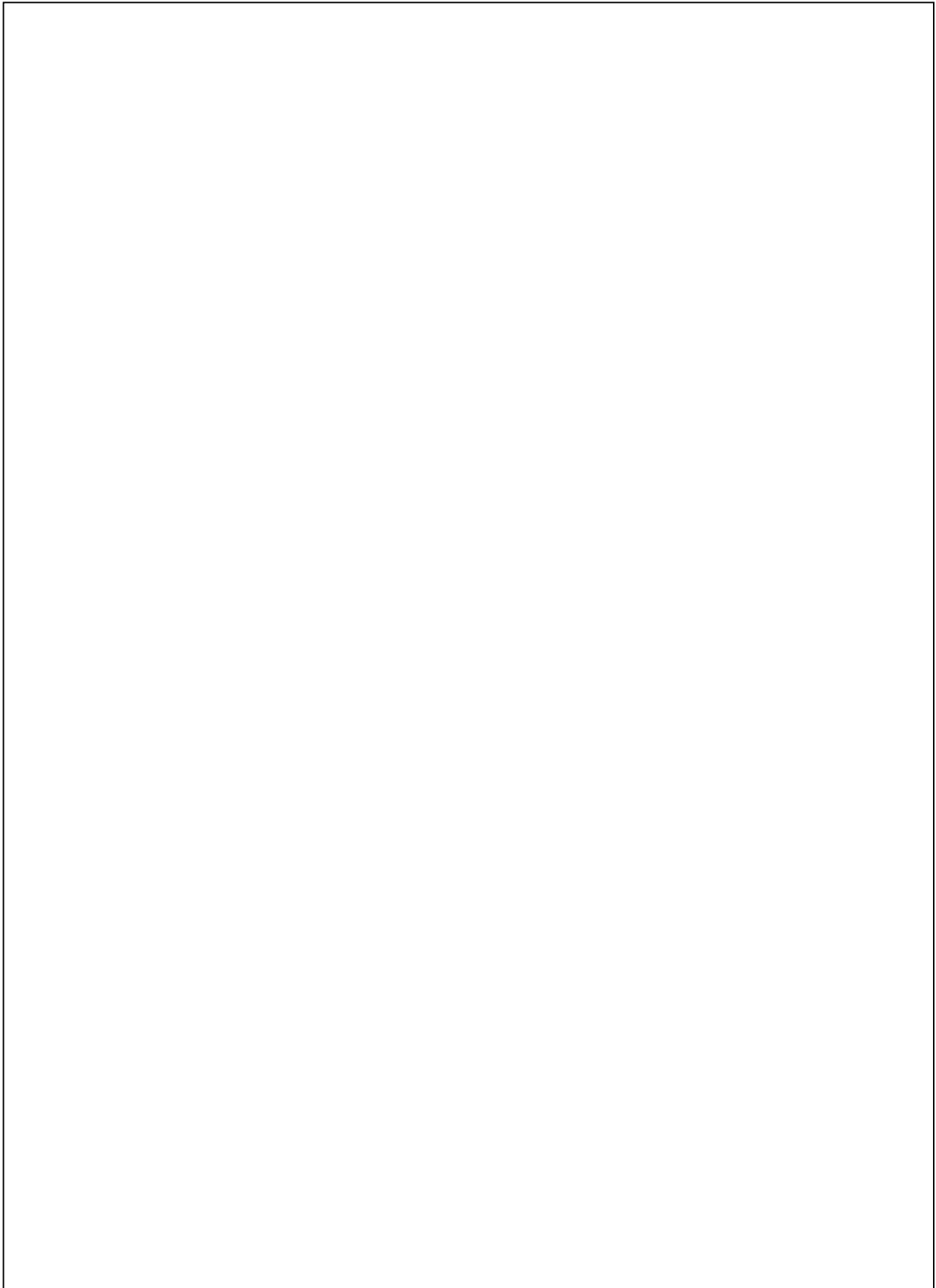
I.B.) Vote of the tenured/senior department faculty on the proposed action:

Vote	Number of Votes
Favorable	
Opposed	
Abstained	
Absent	

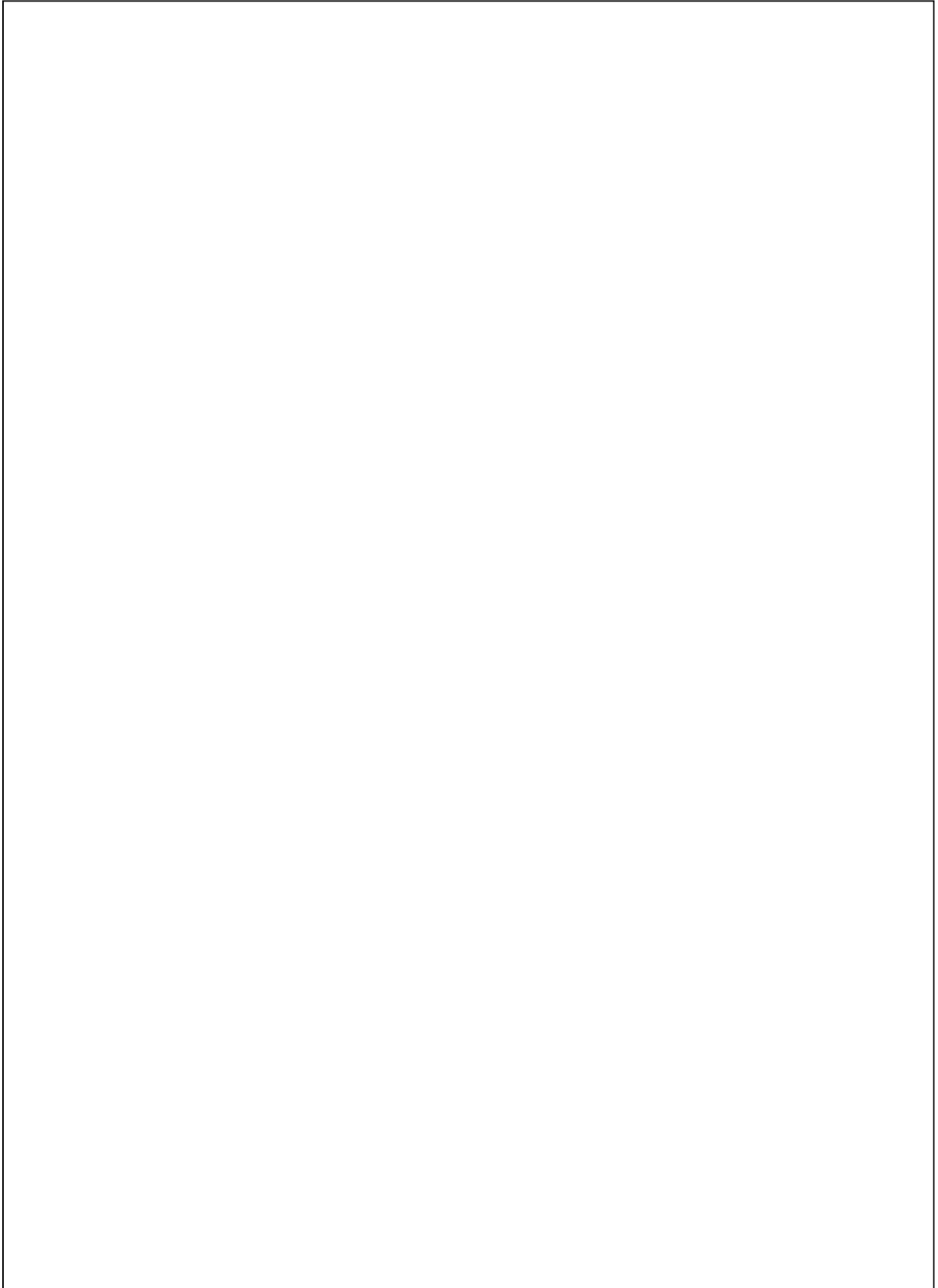
Candidate: _____

I. C.) Written Evaluation by the Tenured/Senior Department Faculty:

Written Evaluation by the Tenured/Senior Department Faculty (Continued)



Written Evaluation by the Tenured/Senior Department Faculty (Continued)



Candidate: _____

I.D.) Written Evaluation by Unit Leader:

Unit Leader Signature: _____ Date: _____

Candidate: _____

II.) RECOMMENDATION BY COLLEGE

II.A.) College Advisory Committee Vote:

# Favorable	# Opposed	# Abstained

II.B.) Written Evaluation by Dean/Director:

Dean/Director Signature: _____ Date: _____

Candidate: _____

III.) RECOMMENDATION BY PROVOST'S ADVISORY COMMITTEE

III.A.) Evaluation of Proposed Action by Graduate School:

Graduate Council	Favorable	Opposed	Abstained
Grad 1			
Grad 2			
Grad 3			
Grad 4			
Grad 5			

III.B.) Written Evaluation by Graduate School *[include explanation for split vote]:*

Graduate School Dean Signature: _____ Date: _____

Candidate: _____

SIGNATURE PAGE

DEPARTMENT ACTION

**Attach required recommendation*

Recommended Not recommended

Unit Leader Signature: _____ Date: _____

COLLEGE ACTION

**Attach required recommendation*

Recommended Not recommended

Dean Signature: _____ Date: _____

SPLIT APPOINTMENT CAMPUS ACTION

Ag Pennington HSCNO

Recommended Not recommended

Authorized Signature: _____ Date: _____

PROVOST'S ADVISORY COMMITTEE ACTION

Recommended Not recommended

Graduate School Dean Signature: _____ Date: _____

CAMPUS ACTION

Recommended Not recommended

Executive Vice President & Provost Signature: _____ Date: _____

PRESIDENTIAL ACTION

Approved Denied

President Signature: _____ Date: _____
