

## Northwestern State University

### CHECKLIST OF ITEMS FOR RETENTION, TENURE, AND PROMOTION APPLICATION

- A copy of the checklist of items, signed by the applicant and Department Head attesting to the completeness of the application.
- A completed copy of the retention, tenure, and promotion form, which appears at the end of this chapter.
- Letters of support as appropriate
- A narrative by the applicant that summarizes accomplishments for tenure and promotion only.
- A complete and current copy of the applicant's curriculum vita.
- Copies of the following documents, which will chronicle the applicant's employment at NSULA or since last promotion:
  - a) All faculty activity reports
  - b) All student evaluations for every course taught
  - c) Annual evaluations by department head, coordinator, or dean.
- Any other materials that give clear evidence of the quality and efficacy of the applicant's teaching.
- Copies of scholarly, creative work.
- Documentation of community/University/professional service.
- Any other material directly relevant to the application.

I certify that all checked items listed above are included in this application for promotion.

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Applicant's Signature

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Date

### Checklist Continued

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#### For Use by the Department Head

- Letter of recommendation or non-recommendation from departmental committee
- Letter of recommendation or non-recommendation from department head
- Letter from the faculty applicant

I certify that all items checked above are included with this application.

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Department Head

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Date

Northwestern State University

RETENTION, TENURE, AND PROMOTION RECOMMENDATION FORM

NAME: \_\_\_\_\_

PRESENT RANK: \_\_\_\_\_

DEPARTMENT/DIVISION: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

I am applying for

\_\_\_\_ Retention

\_\_\_\_ Tenure

\_\_\_\_ Promotion to \_\_\_\_\_ Assistant Professor \_\_\_\_\_ Associate Professor \_\_\_\_\_ Professor

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Committee chair, Department Head, Dean fill in the blank below with *in favor of or against*.

Departmental Committee's recommendation is \_\_\_\_\_ retention.

Departmental Committee's recommendation is \_\_\_\_\_ tenure.

Departmental Committee's recommendation is \_\_\_\_\_ promotion.

If Department Head/ Director is not immediate supervisor use lines below.

Immediate Supervisor's recommendation is \_\_\_\_\_ retention.

Immediate Supervisor's recommendation is \_\_\_\_\_ tenure.

Immediate Supervisor's recommendation is \_\_\_\_\_ promotion.

Department Head's recommendation is \_\_\_\_\_ retention.

Department Head's recommendation is \_\_\_\_\_ tenure.

Department Head's recommendation is \_\_\_\_\_ promotion.

Dean's recommendation is \_\_\_\_\_ retention.

Dean's recommendation is \_\_\_\_\_ tenure.

Dean's recommendation is \_\_\_\_\_ promotion.

Provost and VPAA's recommendation is \_\_\_\_\_ promotion.

Signature of Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Signatures of Committee Members

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Signature of Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Head or Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dean \_\_\_\_\_ Date \_\_\_\_\_

Signature of VPAA \_\_\_\_\_ Date \_\_\_\_\_