

FACULTY APPLICATION FOR TENURE REVIEW

FACULTY MEMBER: Please attach evidence of performance in teaching, scholarship and service since your appointment to the YSU faculty. Supplementary materials in excess of 30 pages may be submitted in a separate portfolio. These materials are to be housed in the Office of Human Resources for the duration of the process. Please complete the top portion of this form and return it to the Office of Human Resources no later than 5:00 p.m. on September 1. (If September 1 falls on a Saturday or Sunday, then 5:00 p.m. the first working day following September 1 shall be the deadline.)

Under the provisions of Article 10a of the YSU/YSU-OEA Agreement, I hereby apply for tenure this academic year.

NAME: _____ RANK: _____

DEPARTMENT: _____ DATE OF INITIAL YSU EMPLOYMENT: _____

DATE THAT YOUR RANK OF ASSISTANT PROFESSOR BECAME EFFECTIVE: _____

I am presently serving my _____ contract year of probation.

I understand that I shall receive no more than one (1) tenure review.

I have discussed my decision to apply for tenure with my chairperson.

Signature of Faculty Member: _____ Date: _____

ADMINISTRATIVE ACTION

CHAIRPERSON: List names of tenured department faculty consulted:

_____	_____
_____	_____
_____	_____
_____	_____

Tenure Committee Meeting dates: _____

No. of faculty approving tenure: _____ No. of faculty opposing tenure: _____ No. of faculty abstaining: _____

RECOMMENDED

NOT RECOMMENDED

Department Chairperson

Date

RECOMMENDED

NOT RECOMMENDED

College Dean

Date

RECOMMENDED

NOT RECOMMENDED

Provost

Date