

PACE UNIVERSITY

ADJUNCT PROMOTION GUIDELINES

Fill in shaded areas and information must be typed

Name of Applicant		U University ID Number
Department	Date of first appointment	Campus
College / School	Current Rank	

Applying for rank of:

- Adjunct Assistant Professor
- Adjunct Associate Professor
- Adjunct Professor
- Senior Adjunct Professor

Date of Prior Promotion

PLEASE NOTE: You may only apply for the next rank level.

PROCEDURES

Completed promotion applications (**originals**) must be in the Dean's Office no later than **Noon, Monday, October 31, 2011** with the following information:

1. Letter of Intent – brief memo indicating that you are applying for a promotion
2. Fact Sheet (found on the Provost website)
3. Current Resume / Vitae
4. 2-3 Letters of Recommendation from others sources other than the Chair
5. Evaluation of Promotion Recommendation Form(s) from the Department Chair

Send your **original** application to:

Your Faculty Load Rep

Applications will not be considered if any information is missing or if it is past the deadline.

Applicant Signature

__ / __ / ____
Date

Department Chair Signature

__ / __ / ____
Date

Pace University

CDFPT
EVALUATION OF PROMOTION AND/OR TENURE RECOMMENDATION
Information must be typed

Candidate's Name _____ Department _____

Present Rank _____ School _____

Campus _____

Candidate for _____ Tenure
(check one or both): _____ Promotion to the rank of _____

Use this form to evaluate, not summarize, the details of the candidate's professional career, remarking particularly on the candidate's impact in the areas noted. Limit the remarks to the two sides of this sheet; do not refer the reader to the dossier. Send the completed form to the CDFPT via the Provost.

This evaluation is made by: _____ the candidate
(please check) _____ the chair of candidate's department or
_____ a senior colleague (for a department chair candidate)
_____ the department or school TAP/personnel committee*

Signature _____ I/we recommend for tenure: _____ yes _____ no

Name (typed) _____ I/we recommend for promotion: _____ yes _____ no

Title _____

Date _____

*My signature certifies that this evaluation has been seen and approved by all TAP Committee members.

TEACHING (please specify source of information for each)

Peer evaluation of individual's teaching effectiveness:

Student evaluation of individual's teaching effectiveness:

Evaluation by _____ of _____

SCHOLARSHIP (please specify source of information for each)

Progress toward advanced degree (if not already attained):

Evaluation of individual's research and publication activity:

Evaluation of individual's participation in professional activities:

Evaluation of individual's instructional development activity:

SERVICE (please specify source of information for each)

Evaluation of individual's impact - or potential for impact - in his/her profession:

Evaluation of individual's service to students, department, school, University, and (if relevant) community:

OTHER REMARKS

Pace University

CDFPT
FACT SHEET

Information must be typed

Name _____ Department _____

Address _____ School _____

_____ Campus _____

Present Rank _____

Candidate for Tenure
(check one or both): Promotion to the rank of _____

Education (degree, field, institution, year):

Baccalaureate _____

Master's _____

Progress toward doctorate (if applicable) _____

Doctorate _____

Other _____

Professional certification and licensure:

Full-time college teaching experience prior to Pace (rank, department, institution, dates):

Adjunct college teaching experience prior to Pace (rank, department, institution, dates):
(Do not include summer sessions)

Other professional experience:

Date of first Pace appointment (month/year):

Adjunct ___ Rank___

Full-Time___ Rank___

Dates of promotion(s) (month/year):

Adjunct Assistant Prof. _____

Assistant Prof. _____

Adjunct Associate Prof. _____

Associate Prof. _____

Adjunct Professor _____

Professor _____

Administrative appointments (position/dates):

Released time and leaves (dates):

Released time:

Sabbatical leave:

Other:

(for adjunct faculty, include semesters not taught)

Tenure:

Tenure eligible date: _____ Has tenure been granted?

Submitted by: _____
Signature of Faculty Member

Verified by: _____
Signature of Dean's Office

Date

Date

Form 1.1.01