

NORFOLK STATE UNIVERSITY

Office of the Provost

Application for Tenure

(To be completed by Applicant)

Please type Application

1. Name of Applicant _____

Current Rank _____ Since _____

2. School _____ Department _____

3. Date that applicant became eligible for tenure at Norfolk State University. _____

4. Total length of time, continuous or otherwise, that the applicant has served in a tenure eligibility earning position during his/her professional career at Norfolk State University.

5. List the names and locations of institutions at which the applicant actually held tenure prior to coming to Norfolk State University. In each case, show beginning and ending dates of tenured employment, number of years and highest title or rank. (Please document)

6. Has the applicant met all of the criteria of Norfolk State University for the granting of tenure?

Yes

No

7. Education

Colleges and Universities Attended	Location	Date	Degrees Obtained
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a) _____	_____	_____	_____
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b) _____	_____	_____	_____
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c) _____	_____	_____	_____
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d) _____	_____	_____	_____
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8. Professional Experience (chronological listing)

9. Professional Presentations and Recognitions. Refer only to the past three years for all categories in items 9 & 10.

Areas of specialization

Related professional interests

Majors publications, papers, exhibitions, performances, and published speeches (attach copies of all materials listed with annotated index.)

Research projects, grants, etc. over last 5 years

Honors

Professional memberships (include offices held; do not use acronyms)

10. University and Community Service (list committee and organizational membership including offices held at present and during the past three years) Differentiate between university and departmental services.

11. Professional Meetings (including location and dates during the past three years; do not use acronyms)

Signature of Applicant

Date

STATEMENTS OF THE DEPARTMENTAL EVALUATION COMMITTEE ONLY:

12. In making this application, has consideration been given to formal evaluations of the applicant's teaching effectiveness by the departmental evaluation committee? Yes No
If "NO", explain why such evaluations were not considered.

13. We do do not recommend tenure.

Name

Signature

- | | | |
|----------|---------|-------|
| a. _____ | (Chair) | _____ |
| b. _____ | | _____ |
| c. _____ | | _____ |
| d. _____ | | _____ |
| e. _____ | | _____ |

STATEMENT OF UNIVERSITY OFFICIALS ONLY:

14. Having reviewed appropriate documents, I am am not satisfied that the nominee has met all of the criteria for tenure at Norfolk State University, and that he/she has demonstrated **excellence** in his/her professional field. I believe that granting him/her permanent status on the university faculty will serve _____, will not _____ serve the best interests of the institution.

Approval

Disapproval

Date

_____	_____
Signature of the Dean	

_____	_____
Signature of the Provost	

_____	_____
Signature of the President	