

# NORFOLK STATE UNIVERSITY

Office of the Provost

## Application for Promotion (To be completed by applicant)

Please type application

1. Name of Applicant: \_\_\_\_\_

2. School: \_\_\_\_\_ Department: \_\_\_\_\_

3. Year of Appointment in Current Rank: \_\_\_\_\_

Current Rank: \_\_\_\_\_ Entering Rank: \_\_\_\_\_

4. Initial Appointment at Norfolk State University: Date: \_\_\_\_\_ Rank: \_\_\_\_\_

5. Educational Experience:

Colleges and Universities Attended	Date	Degrees Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of semester credit hours earned beyond the Master's Degree (if highest degree) \_\_\_\_\_

\_\_\_\_\_. Dates of most recent hours earned \_\_\_\_\_

6. Professional Experience (chronological listing)

Positions Held	Institution	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Does the applicant meet all officially established criteria for promotion to the requested rank?

Yes

No

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For items 8, 9, & 10 please document your work in a streamlined professional portfolio with an annotated index and sections divided by tabs. Select representative work done within the last 3 years or since your last promotion. Focus on relevant work that best represents the level and quality of your productivity.

8. Evidence of Effective Teaching (e.g., courses taught, seminars, new courses developed, innovations, student evaluations, syllabi)

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9. Professional Contributions and Recognition (e.g., research, grants, professional memberships, performing or visual arts experience, publications in professional journals, papers presented, panel participation, honors received) during the past three years:

a. 

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b. 

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c. 

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d. 

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e. \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

h. \_\_\_\_\_

i. \_\_\_\_\_

j. \_\_\_\_\_

10. Community and University – Wide Service (e.g., committees, organizations, offices held, special activities) during the past three years:

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All information provided is factual.

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

\_\_\_\_\_  
Date

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### 11. Recommendations of the Departmental Evaluation Committee

	<u>Name</u>	<u>Signature</u>	<u>Approval</u>	<u>Disapproval</u>
1.	_____ (Chair)	_____		
2.	_____	_____		
3.	_____	_____		
4.	_____	_____		
5.	_____	_____		

### 12. Recommendations of University Officials

	<u>Approval</u>	<u>Disapproval</u>	<u>Date</u>
_____ Signature of the Dean			_____
_____ Signature of the Provost			_____
_____ Signature of the President			_____

**\*NOTE\*** Any disapproval must be accompanied by a statement of the reasons for disapproval.