Declaration of Intent to Apply for a Change in Academic Status

I. APPLICANT INFORMATION

Name ________________________________________________________________

ID Number ____________________________________________________________

Rank ________________________________________________________________

Hire Date ____________________________________________________________

Department __________________________________________________________

College/School ________________________________________________________

II. STATUS CHANGE REQUESTED

☐ Promotion to Associate Professor

☐ Promotion to Professor

☐ Tenure

I have satisfied the following criteria:

**Associate Professor:** Earned doctorate or equivalent terminal degree from an accredited institution in the appointee's teaching discipline (or a related discipline as justified by the department chair and approved by the dean). Prior to submission of the application, a minimum of five (5) years of full-time teaching at the college/university level with at least three (3) years at the rank of assistant professor at Norfolk State University. Documented evidence of excellent ratings in teaching, research (scholarly activity and grantsmanship), and service (professional and university service).

**Professor:** Earned doctorate or equivalent terminal degree from an accredited institution in the appointee's teaching discipline (or a related discipline as justified by the department chair and approved by the dean). Prior to submission of the application, a minimum of seven (7) years full-time teaching experience at the college/university level with at least five (5) at the rank of associate professor at Norfolk State University. Documented evidence of outstanding ratings in teaching, research (scholarly activity and grantsmanship), and service (professional and university service).

**Tenure:** Successful completion of prescribed probationary period; appropriate quality of teaching, research, and service commensurate for the rank at which tenure is to be considered.

III. APPLICANT SIGNATURE

I DECLARE THAT ALL INFORMATION PROVIDED ABOVE IS ACCURATE.

Signature of Applicant ____________________________________________ Date __________________________