



PROMOTION AND TENURE REQUEST FORM

Tenure clock extension: _____ - _____

Second extension (if applicable): _____ - _____

Non-mandatory Review:

Early Review:

Campus Split: % LSU: _____ % Ag _____ PBRC _____ HSCNO

Name:

Department:

College:

Present Rank:

Last Appointment Date:

(For Tenure-Track Assistant Professors Only. Per appointment in Workday)

Review for the promotion to rank of:

Promotion with tenure

Promotion only

Tenure only

Current Appointment Status	Pay Basis
Tenured	Academic Year (9 month)
Non-tenured	Fiscal Year (12 month)

Years of service at time of request submission	Graduate Faculty Status
In LSU system:	Member
In present rank:	Associate
Elsewhere:	None

Education

Institution	Degree	Date Awarded (mm/yyyy)

Professional Experience

Institution	Rank	Period of Appointment
		-
		-
		-
		-

Candidate: _____

I.) RECOMMENDATION BY DEPARTMENT

Evaluation by the eligible voting Department Faculty*:

The individual's qualifications in the following areas should be considered for each reviewing authority to make a valid and discriminating judgment: (1) Instructional ability, (2) Scholarly and research activity, and (3) Participation in departmental, college, and university activities.

I.A.) Current distribution of academic staff within the department:

Title	Number of Faculty
Professor	
Associate Professor	
Assistant Professor	
Instructor	

I.B.) Vote of the eligible voting faculty on the proposed action*:

Vote	Number of Votes
Favorable	
Opposed	
Abstained	
Absent	

*[Review Appendix A in PS 36T](#) for a table illustrating the composition of the eligible voting faculty

Candidate: _____

I.C.) Attach written evaluation by the Tenured/Senior Department Faculty

Tenured/Senior Department Faculty Signature:

Date:

I.D.) Attach written evaluation by Unit Leader

Unit Leader Signature:

Date:

II.) RECOMMENDATION BY COLLEGE

II.A.) College Advisory Committee Vote:

# Favorable	# Opposed	# Abstained

II.B.) Attach written evaluation by Dean/Director

Dean/Director Signature:

Date:

III.) RECOMMENDATION BY PROVOST'S ADVISORY COMMITTEE

III.A.) Evaluation of Proposed Action by Graduate School

Graduate Council	Favorable	Opposed	Abstained
Grad 1			
Grad 2			
Grad 3			
Grad 4			
Grad 5			

III.B.) Attach written evaluation by Graduate School *[include explanation for split vote]*

Graduate School Dean Signature:

Date: