JACKSONVILLE STATE UNIVERSITY

Application for Promotion & Tenure

(To be completed by Applicant & Department Head)

Name:		
(Last)	(First)	(Middle)
School:	Department:	
Department Head:		
Current JSU Rank:	First Employed by JSU Se	m: Year:
Years in Current Rank JSU: Other:	<u> </u>	
If other, where?		
Contractual Promotion Credit? Yes No	Years toward Promotion:	
Contractual Tenure Credit? Yes No	Years toward Tenure:	
APPLICATION FOR:		
Promotion		
To rank of: Assistant Professor (Date of Third-Year) Associate Professor Professor Distinguished Professor Distinguished Instructor	Review):	_
Tenure		
Note: If previously tenured, please indicate:		
Date: Institution:		
Applicant	Date	
Department Head/Supervisor	Date	

cc: Dean/Director

If this is the first request at Jacksonville State University for Promotion/Tenure, please attach a copy of the initial employment letter and/or contract to this cover form.