

TUSKEGEE UNIVERSITY FACULTY TENURE

NAME _____
(Last) (First) (MI) (Date) College and Department

RANK CURRENTLY HELD TOTAL YEARS OF FULL -TIME INCLUSIVE DATE OF FULL -TIME
EMPLOYMENT AT TUSKEGEE EMPLOYMENT AT TUSKEGEE

Date Current Rank Received Date Tenure Granted Date of Employment at Tuskegee

Indicate the date of appointment to each of the ranks listed below

_____ INSTRUCTOR _____ ASSISTANT PROFESSOR

_____ ASSOCIATE PROFESSOR _____ PROFESSOR

2. PROFESSIONAL DEVELOPMENT

A. PUBLICATIONS:

(List publications during the past five years; give complete bibliographic information; submit copies, reprints or documentation of publications in press; credit is not allowed for dissertations or manuscripts not yet accepted for publication).

- (i) Publication of a book representing the results of research or scholarly works, professional accomplishments or creative endeavors:

- (ii) Publication in an appropriate refereed journal of papers or renditions representing the results of research scholarly works, professional accomplishments or creative activities:

- (iii) Publication in an appropriate non-refereed journal of papers or renditions representing the results of research, scholarly works, professional accomplishments or creative activitie

- (iv) Publication of at least three bulleting, pamphlets, abstracts, or the inclusion in appropriate conference proceedings of scholarly efforts, representing the results of research, professional accomplishments or creative activities:

- (v) Preparation of audiovisual tutorial computer software or similar programs which have been accepted by a refereed source:

[Empty rectangular box for content]

- (vi) Documented or demonstrative evidence of professional development through outstanding and singular performance in the Arts by:
 - a. The performance by a recognized agency of their original music, drama,

- (vii) Documented evidence of professional development through the presentation of papers or the results of scholarly activities at recognized professional meetings, seminars, symposia, workshops, etc:

- (viii) Preparation of effective instructional materials, e.g., laboratory guides, audiovisual tutorial programs, and computer assisted programs to be used by students, (standard course outlines are not acceptable in this category):

- (ix) Documented evidence of significant leadership or participation in the activities or recognized scholarly or professional organizations (membership alone is not acceptable in this category):

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(x)

(xi) Board certification:

[Empty rectangular box for board certification content]

B. RESEARCH ACTIVITIES

(Indicate research activities during the last five years)

[Empty box for research activities]

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C.

D. PROFESSIONAL ORGANIZATIONS:

(List and indicate participation in professional organization during the past five years; state whether member, officer, program participant, or other)

E. OTHER FORMS OF PROFESSIONAL DEVELOPMENT:

3. SERVICE TO THE UNIVERSITY/COMMUNITY:

A. FACULTY SPONSORSHIP OF STUDENT ACTIVITIES:

B. CONSULTANSHIPS:

(To professional organizations, societies, educational institutions, industry, etc.)

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C. SERVICE ON UNIVERSITY AND OTHER COMMITTEES:
(Make concise statements)

[Empty rectangular box for text entry]

D. INTERNATIONAL SERVICE:

(Administration, institution building program, conducting research, training counterparts, etc.)

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F. OTHER SERVICES TO THE UNIVERSITY COMMUNITY, ETC:
(Include those activities, etc., that do not fall into categories listed above)

What other/additional services has the applicant performed?

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4. EDUCATION (List chronologically):

A. ACADEMIC DEGREES EARNED:

DEGREE EARNED	SPECIALTY	NAME OF INSTITUTIONS	MONTH AND YEAR RECEIVED
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(i) What is the terminal degree in your specialty? _____

B. STUDIES BEYOND THE HIGHEST DEGREE EARNED:
(Applicants are required to submit a transcript denoting the credit hours earned beyond the highest degree.)

NAME OF INSTITUTIONS	SPECIALTY	CREDITS EARNED		INCLUSIVE DATES	TIME IN MONTHS
		Qtr. Hrs.	Sem. Hrs.		

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- (i) Total number of quarter hours earned _____
- (ii) Total number of semester hours earned _____
- (iii) Date and year the highest degree was earned _____
(Month) (Year)

C.

- E. TRAINING AS RESIDENT, INTERN, NURSE -PRACTITIONER, OR
OTHER NONACADEMIC POSITIONS THAT INVOLVE MEANINGFUL
TRAINING IN THE APPLICANT-SPECIALTY:
(Applicants are required to submit documentation)

B. ACADEMIC EXPERIENCE AS A GRADUATE ASSISTANT,
POSTDOCTORAL FELLOW, OR AT THE PRECOLLEGE LEVEL:
(Applicants are required to submit appropriate transcripts in order to receive credit for
graduate assistantships.)

NAME OF INSTITUTION	ACADEMIC RANK HELD	ACADEMIC YEARS (Full-time Only)	SUMMER SESSIONS (Full-time Only)
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(i) Total years of academic experience as a graduate assistant _____

C. APPLICANTS SHOULD PROVIDE A BRIEF DESCRIPTION OF THEIR
JOB RESPONSIBILITIES IN EMPLOYMENT AT TUSKEGEE
UNIVERSITY:

(Provide a concise description of job responsibilities since employment at Tuskegee University within the past five years.)

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SPECIALTY AREA AT TUSKEGEE UNIVERSITY _____

FOR THE APPLICANT:

I certify that facts presented herein by me are accurate and true.

Date

Signature of the Faculty Member

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