



**APPLICATION FOR ADVANCEMENT
OF PART TIME FACULTY MEMBER**

NAME _____ DATE _____

DEPARTMENT _____

COLLEGE _____

This is a request for advancement
from the level of _____

to the level of _____

DATE OF APPOINTMENT TO PRESENT LEVEL _____

ORIGINAL DATE OF HIRE _____ LEVEL AT HIRING _____

NUMBER OF CREDITS TAUGHT SINCE LAST ADVANCEMENT _____

Courses taught:

Semester or session:

DEMONSTRATED TEACHING ABILITY

(Provide evidence.)

**SERVICE TO THE DEPARTMENT OR COLLEGE BEYOND COURSE TEACHING
SINCE LAST ADVANCEMENT**

Signature of Faculty Member

This form must be sent to the appropriate academic dean by the following dates:

August 25 for consideration in the fall semester

January 5 for consideration in the spring semester

May 15 for consideration for the summer sessions