



AUGUSTA UNIVERSITY

Tenure Application Form

Date: _____

Name: _____

EmplID: _____

BOR Breakdown of Effort:
(use decimal - i.e. .60 for 60%)

Teaching/Instruction

Research/Scholarship

Service

Patient Care/Clinical

Administrative

Current Rank: _____ College h : _____

College: _____

Primary Academic Department: _____

Institute/Center Membership (if applicable): _____

Date of Hire: _____

Date of Last Promotion: _____

Years of Probationary Credit towards Tenure (based on initial offer letter): _____

Holds Terminal Degree: Yes No

Candidate signature affirms that the contents of this portfolio are true and correct to the best of his/her knowledge.

Candidate: _____

Committee chairs at each level, department chair, dean, provost, and president sign, mark ('X') approve or deny, and date:

	Approve	Deny	Date
Institute/Center Director: _____	_____	_____	_____
Department P & T Committee Chair: _____	_____	_____	_____
Department Chair: _____	_____	_____	_____
Joint Appointment Dept. Chair: _____	_____	_____	_____
College P & T Committee Chair: _____	_____	_____	_____
Dean: _____	_____	_____	_____
University P & T Committee: _____	_____	_____	_____
VP A&FA: _____	_____	_____	_____
Provost: _____	_____	_____	_____
President: _____	_____	_____	_____