



Office of the Provost Promotion/Reappointment Application for Faculty Associates

Routine reappointments of term positions designated as clinical faculty, faculty associate, senior faculty associate, lecturer, and senior lecturer require consideration of continuing academic needs of the department and the college, as well as continued teaching excellence and evidence of professional development. Such reappointments move from the department to the dean for a recommendation, and then all documentation is sent to the Office of the Provost for approval of the reappointment.

For changes in rank from faculty associate to senior faculty associate, lecturer to senior lecture, and changes in the modifier of clinical ranks, the Rank and Tenure Committee of the respective college or school must review applications. These promotional appointments should follow the timetable for the tenure review. The University Rank and Tenure Committee does not review these applications. All documentation from the department, the College/School Rank and Tenure Committee and the dean should be sent to the Office of the Provost.

Name _____

- Application for: Faculty Associate
 Sr. Faculty Associate
 Clinical
 Lecturer
 Senior Lecturer

Home Address _____

Home Phone _____ - _____ - _____

- Current Rank: Faculty Associate
 Sr. Faculty Associate

School/College _____

Department _____

Chairperson _____

Years in Higher Education _____

Years in Rank _____

Date of hire at Seton Hall ____ / ____ / ____ Date of Mandatory Reappointment Review ____ / ____ / ____

Colleges/Universities Attended

Institution	Major Field	Degree	Date

Highest Degree Held _____

Discipline _____ Year _____

Academic Specialty _____

Granting Institution _____

Teaching Experience

Institution	Department	Position	Dates

Signature _____

Date ____ / ____ / ____

I. EVIDENCE OF EXCELLENCE IN TEACHING: SUMMARY

Please use no more than four (4) pages for this section. Include innovation in teaching methods, offering imaginative courses, consistent demand for courses indicated by high enrollment; sponsorship of original work by students; observation by chairperson and/or dean; campus and off-campus lecturing; student evaluations of teaching, and other materials required by the *Faculty Guide*, 4.1 or 4.2. Student, colleague, and chairperson evaluations are to be placed in the electronic file of Supporting Documentation.

II. PUBLICATIONS (Books, articles, monographs, etc.) (IF APPLICABLE)

Please use no more than four (4) pages to list the principal publications referred to in the *Faculty Guide* 4.3. Copies of publications and supplemental lists are to be placed in the electronic file of Supporting Documentation. As per Article 4.3b of the *Faculty Guide*, the applicant should clearly distinguish between research that is in progress/revision and work that is published.

III. RESEARCH IN PROGRESS: SUMMARY (IF APPLICABLE)

Please use no more than four (4) pages to list the research activities specified in the *Faculty Guide* 4.3. Copies of pertinent materials are to be placed in the electronic file of Supporting Documentation.

IV. DEPARTMENT AND UNIVERSITY SERVICE: SUMMARY

Please use no more than four (4) pages to address the matters specified in the *Faculty Guide*, 4.4. Copies of pertinent materials are to be placed in the electronic file of Supporting Documentation.

V. FILE OF SUPPORTING DOCUMENTATION: Table of Contents

Please provide a table of contents for all materials you are including to support your application.

Promotion/Reappointment Application: Actions

Instructions: This should remain one separate page at the end of the application. The signed original should be forwarded to the next appropriate office.

Name of Applicant _____

DEPARTMENT

This application is: approved not approved

Vote: #___ yes #___ no

Name of Chair (Please Print) _____

Signature of Chair _____ **Date** ____ / ____ / ____

- Include department statement(s) and assessment of need for the position in separate letter.

THIS STEP IS NOT NEEDED AFTER 3 YEARS OF SERVICE AS FACULTY ASSOCIATE

COLLEGE/SCHOOL Rank and Tenure Committee

This application is: approved not approved

Vote: #___ yes #___ no

Name of Chair (Please Print) _____

Signature of Chair _____ **Date** ____ / ____ / ____

- Include committee statement(s) in separate letter.

DEAN

This application is: approved not approved

Name of Dean (Please Print) _____

Signature of the Dean _____ **Date** ____ / ____ / ____

- Include Dean's statement and assessment of need for the position in separate letter.
- For Faculty Associate promotion/reappointments, the Dean's letter should address and document that the need still exists for a Faculty Associate position in the department, rather than a tenure-track position. This justification concerns the position and is independent of the personal and professional merits of the individual currently holding the position.

PROVOST

This application is: approved not approved

Signature of the Provost _____ **Date** ____ / ____ / ____