

Application for Tenure Instructions and Forms

Salt Lake Community College

November 14, 2018

The Application for Tenure should consist of the following:

- A “Tenure Application Statement” written by the faculty member that advocates for the granting of tenure based on all tenure-track years. This statement should appear in the faculty member’s professional portfolio.
- An Application Form/Signature Page that includes a link to the digital professional portfolio.
 - Application for Tenure, or
 - Application for Tenure with Previous Satisfactory Academic Service in Full-Time
 - Note: If the faculty member is requesting to apply years of previous satisfactory academic service, the proposed “Request for Recommendation to Approve Previous Academic Service in Full-time Faculty Appointment” needs to be completed prior to applying for tenure.
- A detailed letter recommending tenure to be written by the Dean to the Provost and President.

Application for Tenure



Instructions to Faculty Member: Please complete and submit this form to your Tenure Sitting Committee and Academic Administrator for consideration. The due date for tenure applications follow the dates in the Faculty Evaluation process.

Date of Application:

Name:

Banner ID:

Professional Portfolio link:

Department:

Date of Hire:

I have been on the tenure-track at SLCC for at least six years and have received at least five letters of progress during that time, including this year. I meet or exceed the requirements, accomplishments, and expectations that warrant the granting of tenure at SLCC.

Faculty Signature: _____

Instructions to the Sitting Committee: Upon review of the faculty member's performance and professional portfolio linked above, indicate your decision regarding this application:

_____ Approve _____ Disapprove

Sitting Committee Chair Signature: _____ Date: _____

Instructions to the Academic Administrator: Upon review of the faculty member's performance and professional portfolio and in consultation with the Sitting Committee, indicate your decision regarding this application:

_____ Approve _____ Disapprove

Academic Administrator Signature: _____ Date: _____

Instructions to the Dean:

1) Upon review of the faculty member's professional portfolio and this application, indicate your decision regarding the candidate's application for tenure:

_____ Approve _____ Disapprove

Dean Signature: _____ Date: _____

2) If approved, compose and attach to this application a detailed Letter of Recommendation for Tenure addressed to the Provost and the President.

Application for Tenure with Previous Satisfactory Academic Service in Full-Time Faculty Appointment



Instructions to Faculty Member: Please complete and submit this form to your Tenure Sitting Committee and Academic Administrator for consideration. The due date for tenure applications follow the dates in the Faculty Evaluation process.

Date of Application:

Name:

Banner ID:

Professional Portfolio link:

Department:

Date of Hire:

Number of Years Previous Satisfactory Academic Experience: 1 2 3 (Circle One)

(NOTE: Attach Approved Request for Recommendation to Approve Previous Satisfactory Academic Service and Letter of Recommendation)

My professional portfolio demonstrates successful full-time teaching experience at (an)other accredited institution(s) which along with my tenure-track years at SLCC equal six years. I have received at least three letters of progress during my tenure at SLCC including this year. I meet or exceed the requirements, accomplishments, and expectations that warrant the granting of tenure at SLCC.

Faculty Signature: _____

Instructions to the Sitting Committee: Upon review of the faculty member's performance and professional portfolio linked above, indicate your decision regarding this application:

_____ Approve _____ Disapprove

Sitting Committee Chair Signature: _____ Date: _____

Instructions to the Academic Administrator: Upon review of the faculty member's performance and professional portfolio and in consultation with the Sitting Committee, indicate your decision regarding this application:

_____ Approve _____ Disapprove

Academic Administrator Signature: _____ Date: _____

Instructions to the Dean:

1) Upon review of the faculty member's professional portfolio and this application, indicate your decision regarding the candidate's application for tenure:

_____ Approve _____ Disapprove

Dean Signature: _____ Date: _____

2) If approved, compose and attach to this application a detailed Letter of Recommendation for Tenure addressed to the Provost and the President.

Request for Recommendation to Approve Previous Satisfactory Academic Service in Full-Time Faculty Appointment



Instructions to Faculty Member: Please complete and submit this form to your Tenure Sitting Committee and Academic Administrator for consideration. The due date for applications follow to the dates in the Faculty Evaluation process.

Date of Application:

Name:

Banner ID:

Professional Portfolio link:

Department:

Date of Hire:

Number of Years Previous Satisfactory Academic Experience: 1 2 3 (Circle One)

Other Accredited Institutions, Positions, and Dates:

My professional portfolio demonstrates that my previous academic service in full-time faculty appointment at (an) other accredited institution(s) meets or exceeds the satisfactory expectations of performance for tenure-track faculty at Salt Lake Community College. I request that my Sitting Committee and Associate Dean/ Academic Administrator recommend that these years be applied towards my application for tenure at SLCC.

Faculty Signature: _____

Instructions to the Sitting Committee: Upon review of the faculty member's performance and professional portfolio linked above, and in consultation with the majority of your department faculty members, indicate your decision regarding this application:

_____ Approve _____ Disapprove

Sitting Committee Chair Signature: _____ Date: _____

Instructions to the Academic Administrator: Upon review of the faculty member's performance and professional portfolio and in consultation with the Sitting Committee, indicate your decision regarding this application:

_____ Approve _____ Disapprove

Academic Administrator Signature: _____ Date: _____

2) If approved, compose and attach to this application a detailed Letter of Recommendation to Approve Previous Satisfactory Full Academic Service addressed to your Dean, the Provost and the President.