**Application for Tenure**

**Instructions to Faculty Member:**  Please complete and submit this form to the chair of your evaluation sitting committee. Instructions and deadlines regarding this application can be found in the SLCC Faculty Handbook Appendix 4. **Note**: If applying previous satisfactory academic full-time faculty service to your SLCC pre-tenure probationary period, attach the approved request to this form.

Date of Application:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Portfolio link:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*My performance as a full-time faculty member demonstrates that I am competent as a teacher, competent in my discipline, and competent as a colleague. I meet or exceed the requirements, accomplishments, and expectations that warrant the granting of tenure at Salt Lake Community College.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Member Signature

**Instructions to the Evaluation Sitting Committee Chair**: Upon review of the faculty member’s performance and professional portfolio linked above, indicate your decision regarding this application. Transmit this application form to the dean by the agreed-upon deadline.  

 Yes, we recommend approval of tenure. Total Votes: \_\_\_\_\_\_\_\_

 No, we do NOT recommend approval of tenure. Total Votes: \_\_\_\_\_\_\_\_

**Evaluation Sitting Committee Signatures**

By signing below, we confirm the recommendation and vote above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Vote** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Instructions to the Dean**:

Upon review of the faculty member’s professional portfolio, the evaluation sitting committee recommendation, and other relevant materials, indicate your decision regarding the candidate’s application for tenure. Transmit this application form to the provost no later than March 31 along with a detailed letter recommending approval or denial of tenure to the provost. 

 Yes, I recommend approval of tenure.

 No, I do NOT recommend approval of tenure.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean Date