Instructions

1. See the Instructor Promotion Procedures posted on the Muma College's website for eligibility for promotion and the process for applying.
2. Complete only those sections of the application that are relevant to your assignment.
3. The timeline for the application is as follows:
    * The applicant should inform the department chair in September of the academic year in which the instructor is making application of his/her intent to apply. The department chair must notify the associate dean for academic affairs.
    * The completed application should be submitted to the department by the last day of February in the academic year in which the instructor is making application.
    * The department chair/committee (depending on the department's procedure) is to submit the recommendation to the dean's office by the third Friday in March.
    * The college committee will make its recommendation to the dean by first Friday in April.

II.   GENERAL DATA

Initial Date of USF
Employment: _____   Initial Rank   _____

Present Rank (eff. date): _____   Years Completed in
Rank at USF   _____

Education:

Institution	Field of Study	Degree	Date

Other Education (institutes, short courses, etc.):

III.   ASSIGNED DUTIES OF CANDIDATE (*To be completed by Candidate)*

Assigned duties normally consist of teaching, research/creative activity, and service. However, some applicants may have been assigned additional duties. All assigned duties during the period since the last promotion should be provided as indicated below.

If the assignments reflect extraordinary or unusual circumstances, the Department Chair or other appropriate administrative officer should append a brief explanatory narrative for benefit of the reviewers.

IV.   TEACHING

   A.   <u>GOALS & ACCOMPLISHMENTS</u> (Provide a concise narrative describing your
          goals and accomplishments in the area of teaching   . Please attach
          additional sheets if necessary.)

B. <u>COURSES TAUGHT</u> (List & include course number and title.) In order to provide

C.

F.

V.   RESEARCH AND CREATIVE ACTIVITY – please list any activity   as indicated below. The chair should provide a brief quality assessment of any research or creative activities.

A. PUBLICATIONS (within the last 5 years or since last promotion)

1.   Books

a.   Scholarly Books Published:

b.   Scholarly Books Accepted for Publication (attach a copy of the letter of acceptance from publisher):

c.   Scholarly Books Submitted for Review (attach a copy of your transmittal letter to publisher):

2.   Textbooks

a.   Textbooks Published:

b.   Textbooks Accepted for Publication (attach a copy of the letter of acceptance from publisher):

c.   Textbooks Submitted for Review (attach a copy of your transmittal letter to publisher):

3.   Chapters or Segments of Books

a.   Chapters/Segments of Books Published:

b.   Chapters/Segments of Books Accepted for Publication (attach a copy of the letter of acceptance from publisher):

c.   Chapters/Segments of Books Submitted for Review (attach a copy of your letter of

C. <u>SERVICE TO THE COMMUNITY</u>

- List community committee councils, boards, etc., on which you have served or other public

VII.   EVALUATIONS BY DEPARTMENT, COLLEGE   COMMITTEE, AND DEAN

Please attach copies of candidate's annual evaluations for   the last five year s. Annual evaluations   should

UNIVERSITY OF SOUTH FLORIDA
INSTRUCTOR CAREER PATH RECOMMENDATIONS
FORM FOR SUBMISSION TO THE OFFICE OF THE PROVOST

ACADEMIC YEAR 201 6/17 for IMPLEMENTAT ION IN FALL 201 7

APPLICANT INFORMATION

APPLICANT NAME: _____

COLLEGE: _____

DEAN: _____

DEPARTMENT: _____

CHAIR: _____

Initial Date of USF Employment:

Years in Rank as a Full-time Instructor:

Application is for:

_____ Promotion to Level 2 Instructor

_____ Promotion to Level 3 Instructor

RECOMMENDATIONS

Department Committee (if applicable)

_____The Committee's recommendation is to APPROVE advancement to the level requested.

_____The Committee's recommendation is to DENY advancement to the level requested.

Committee Chair: _____ Signature: _____ Date:_____

Department Chair

_____My recommendation is to APPROVE advancement to the level requested.

_____My recommendation is to DENY advancement to the level requested.

Name: _____ Signature: _____ Date:_____

College Dean

_____My recommendation is to APPROVE advancement to the level requested.

_____My recommendation is to DENY advancement to the level requested.

Name:_____ Signature: _____ Date:_____