

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:

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

B. COURSES TAUGHT (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

Insert Name of Candidate

Insert Name of Candidate

C. SERVICE TO THE COMMUNITY

- 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 years. Annual evaluations should

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

ACADEMIC YEAR 2016/17 for IMPLEMENTATION IN FALL 2017

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: _____