

LSU Agricultural Center

PROMOTION/TENURE REVIEW REQUEST

Refer to PS-42 for Instructions

**THE LOUISIANA STATE UNIVERSITY SYSTEM
 LSU Agricultural Center Campus
 PROMOTION/TENURE REVIEW REQUEST**

Administrative Use Only:

ID: _____
 Joint? Y N Other% _____
 AgCenter% _____ A&M% _____

NAME _____

Division: La. Coop. Extn. Service La. Agric. Exp. Stn. Also joint with College of Ag, LSU and A&M
 Other _____

Dept./Region/Unit _____ Parish/Station (if applic.) _____

Present Rank/Title: Assistant Professor Associate Professor Assistant Agent Associate Agent
 Other _____

Present Appointment Status: [] Tenured [] Term(non-tenured) Years of Service (as of July 1, 2007):

Date Appointed to AgCenter _____ Years in LSU System _____

Date Appointed to Present Rank _____ Years in Present Rank _____

Pay Basis: Fiscal Year-12 mos. Fiscal Year-9 mos. Years Elsewhere _____
 Academic Year-9 mos. Other _____

Graduate Faculty Status: Member Associate None Not applicable

REQUESTED ACTION: Effective Date JULY 1, 2008

Promotion to rank of: Associate Professor Professor Associate Agent Agent
 Tenure Other _____
 Tenure only

Education:	Institution	Degree	Date Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Extension positions:
 Required Extension Courses Complete?
 YES NO
 Graduate Courses Complete (15 hrs or masters)?
 YES NO
See PS-42 for details.

Professional Experience (include LSU System experience):

Institution/Employer	Rank	Period of Appointment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature indicates intention to submit P&T request shown above.

Faculty Member SIGNATURE _____ Date _____

EVALUATION BY FACULTY (Refer to AgCenter PS-42 for requirements, eligibility, and procedures for voting faculty.) The individual's qualifications should be evaluated based on his/her assigned job responsibilities as per other applicable policy statements, evaluation documents, and job descriptions. As appropriate based on those assigned job responsibilities, the following areas should be considered for each reviewing authority to make a valid and discriminating judgment. (1) instructional ability; (2) research scholarship and accomplishments; (3) extension scholarship and accomplishments; (4) participation in unit, regional, and campus activities, as appropriate; and (5) service.

Current distribution of academic staff within the parish/station/department:

Professor____; Associate Professor____; Assistant Professor____; Instructor____

Agent____; Associate Agent____; Assistant Agent____

Were AgCenter faculty member(s) from outside the unit added to the review process to provide for review by at least five higher-ranking faculty? Yes____; No____

Was it necessary to add to the review process an AgCenter faculty member from outside the unit to provide for review by at least one higher-ranking faculty member with the same program assignment (50% or more 4-H, FCS or Agriculture)? Yes____; No____

The vote of the faculty on the proposed action:

____ Favorable	____ Opposed	____ Abstained	____ Absent
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CANDIDATE _____

Promotion/Tenure Form

EVALUATION BY PARISH CHAIR/RESIDENT COORDINATOR (if applicable)

Recommended

Not Recommended

Parish Chair/Resident Coordinator

Date

EVALUATION BY UNIT HEAD/REGIONAL DIRECTOR

The proposed action is ranked _____ out of _____ within the unit. *(NOTE: This line is optional.)*

Recommended

Not Recommended

Department Head/Regional Director

Date

CANDIDATE _____

Promotion/Tenure Form

OTHER REQUIRED EVALUATIONS (i.e., department/region/college/unit/division):

Name Title Unit/Division

[] Recommended [] Not Recommended _____
Signature Date

EVALUATION BY CAMPUS REVIEW COMMITTEES

CAMPUS FACULTY REVIEW COMMITTEE
The vote of the faculty on the proposed action:

___ Favorable	___ Opposed	___ Abstained	___ Absent
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Recorded by – Print Name Signature Date

CAMPUS UNIT HEAD REVIEW COMMITTEE
The vote of the unit heads on the proposed action:

___ Favorable	___ Opposed	___ Abstained	___ Absent
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Recorded by – Print Name Signature Date

EVALUATION BY VICE CHANCELLOR

The proposed action is ranked _____ out of _____ within the division.

[] Recommended
[] Not Recommended _____
Vice Chancellor Date

CANDIDATE _____

Promotion/Tenure Form

CAMPUS ACTION

[]Recommended

[]Not Recommended

Chancellor

Date

SPLIT-APPOINTMENT CAMPUS ACTION:

A. Evaluation by Campus Review Committee or Other Official:

Reviewers

	1	2	3	4	5
A	!	!	!	!	!
B	!	!	!	!	!
C	!	!	!	!	!
D	!	!	!	!	!
E	!	!	!	!	!

B. Action recommended by other campus review official: []Recommended []Not Recommended

Signature

Title

Date

C. Other campus recommendations:

[]Recommended

[]Not Recommended

Vice Chancellor & Provost

Date

[]Recommended

[]Not Recommended

Chancellor

Date

LSU SYSTEM ACTION:

[]Recommended

[]Not Recommended

Vice President for Academic Affairs

Date

[]Recommended

[]Not Recommended

President

Date

BOARD ACTION: