

## LSU Agricultural Center

### PROMOTION/TENURE REVIEW REQUEST

# Refer to PS-42 for Complete Instructions

The following documents, in the order provided, should be included in the P&T package submitted to the HRM Office.

1. Typed P&T cover page – if possible, this should be the original page that was forwarded to HRM in July, annotated by HRM, and returned to the faculty member.
2. Pages 2-5 of the P&T form, completed through the unit head (department head/regional director or equivalent) review step.
3. Job description.
4. Faculty member documentation in the order it is listed in PS-42, Appendix A. It is suggested that divider pages be included between major sections. It is preferred that this simply be a white sheet of paper showing the section heading.
5. External reviewer letters.

Other items to note:

1. **JOINT APPOINTMENTS:**
  - a. For faculty on **joint appointments** under the College of Agriculture, you will send the P&T copies only to the AgCenter HRM Office. The HRM Office will be responsible for transmitting the appropriate copies to the Dean's Office.
  - b. For faculty on **joint appointments** with **other** colleges (e.g., Engineering, Vet Medicine, etc.), it will be necessary for you to route the appropriate number of copies to those colleges according to their established timelines.
2. Note to units - please mark the original in some manner.
3. P&T packages should be neat, well-organized, and free from typographical errors.
4. P&T packages should **not** include copies of prior unit head performance evaluations.

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

**For Administrative Use Only:**

**ID:** \_\_\_\_\_ **Campus:** \_\_\_\_\_% LSU AgCenter \_\_\_\_\_% LSU A&M  
**Joint with LSU A&M?** Yes or No **Joint with multiple LSU AgCenter units?** Yes or No

*Please TYPE all responses.*

**Faculty Member Name:** \_\_\_\_\_

**Functions:** \_\_\_\_\_% Extension/LCES \_\_\_\_\_% Research/LAES [ ] Also joint with College of Ag, LSU and A&M  
\_\_\_\_\_ % Other: \_\_\_\_\_

**Dept/Region/Unit:** \_\_\_\_\_ **Parish/Station (if applicable):** \_\_\_\_\_

**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, 2024): \_\_\_\_\_

Date Appointed to AgCenter: \_\_\_\_/\_\_\_\_/\_\_\_\_ Years in LSU System: \_\_\_\_\_

Date Appointed to Present Rank: \_\_\_\_/\_\_\_\_/\_\_\_\_ Years in Present Rank: \_\_\_\_\_

**Pay Basis:** [ ] Fiscal Year-12 mos. Years Elsewhere: \_\_\_\_\_  
[ ] Academic Year-9 mos. Other: \_\_\_\_\_

**Graduate Faculty Status:** [ ] Member [ ] Associate [ ] None [ ] Not applicable

**REQUESTED ACTION:** *Effective Date of July 1, 2025*

[ ] **Promotion to rank of:** [ ] Associate Professor [ ] Professor [ ] Associate Agent [ ] Agent

[ ] **Tenure**

[ ] **Tenure only** [ ] Other: \_\_\_\_\_

**For Extension Positions Only (see PS-42 for details):**

Required Extension Courses Complete? \_\_\_\_\_ Graduate Courses Complete (15 hrs. or Masters)? \_\_\_\_\_

**Education:** Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Other: \_\_\_\_\_

**Professional Experience (including LSU System experience):**

Institution/Employer: \_\_\_\_\_ Rank \_\_\_\_\_ Period of Appointment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CANDIDATE NAME:** \_\_\_\_\_

**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(s): \_\_\_\_\_ Associate Professor(s): \_\_\_\_\_ Assistant Professor(s): \_\_\_\_\_ Instructor(s): \_\_\_\_\_

Agent(s): \_\_\_\_\_ Associate Agent(s): \_\_\_\_\_ Agent(s): \_\_\_\_\_

*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 [ ] or No [ ]*

*If this faculty member is in a tenure-track professorial rank and also holds a joint appointment between two AgCenter units, were members from the secondary unit added to the primary unit committee to reflect the faculty member's percentage appointment? Yes [ ] or No [ ] or Not Applicable [ ]*

*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 [ ] or No [ ]*

**The vote of the faculty on the proposed action:** \_\_\_\_\_ Favorable \_\_\_\_\_ Opposed \_\_\_\_\_ Abstained \_\_\_\_\_ Absent

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**

*In accordance with Section IV.A.11 of AgCenter PS-42, the unit head must advise the faculty member of the outcome of the unit review. Prior to forwarding the P&T request to the HRM Office, the unit head must provide the faculty member with copies of the unit head evaluation and the unit committee evaluation. The faculty member must have an opportunity to provide a written response to be included with the final P&T request.*

*Have these provisions been met?*

Recommended

Not Recommended \_\_\_\_\_  
Department Head/School Director/Regional Director Date

CANDIDATE: \_\_\_\_\_

Promotion/Tenure Form

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

Name	Title	Unit/Division
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Recommended  Not Recommended

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**EVALUATION BY EXECUTIVE ASSOCIATE DEAN – for joint appointments with College of Agriculture**

Recommended  Not Recommended

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**EVALUATION BY PROGRAM LEADERS**

Recommended  Not Recommended

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

CANDIDATE: \_\_\_\_\_

**EVALUATION BY CAMPUS REVIEW COMMITTEES**

**CAMPUS FACULTY REVIEW COMMITTEE**

The vote of the faculty on the proposed action: \_\_\_\_\_ Favorable \_\_\_\_\_ Opposed \_\_\_\_\_ Abstained \_\_\_\_\_ Absent

\_\_\_\_\_  
Recorded by – Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CAMPUS UNIT HEAD REVIEW COMMITTEE**

The vote of the faculty on the proposed action: \_\_\_\_\_ Favorable \_\_\_\_\_ Opposed \_\_\_\_\_ Abstained \_\_\_\_\_ Absent

\_\_\_\_\_  
Recorded by – Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PROGRAM LEADER REVIEW**

The vote of the faculty on the proposed action: \_\_\_\_\_ Favorable \_\_\_\_\_ Opposed \_\_\_\_\_ Abstained \_\_\_\_\_ Absent

\_\_\_\_\_  
Recorded by – Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CANDIDATE: \_\_\_\_\_

**EVALUATION BY VICE PRESIDENT FOR AGRICULTURE/DEAN OF COLLEGE OF AGRICULTURE**

Recommended  Not Recommended \_\_\_\_\_  
Vice President/Dean Date

**PRESIDENT (Per PM-69)**

Recommended  Not Recommended \_\_\_\_\_  
President Date

CANDIDATE: \_\_\_\_\_

**OTHER CAMPUS ACTION – This page for joint appointments only.**

**SPLIT-APPOINTMENT CAMPUS ACTION:**

A. Evaluation by Campus Review Committee or Other Official:

	1	2	3	4	5	Reviewers
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 President & Provost Date

Recommended

Not Recommended \_\_\_\_\_  
Chancellor/President Date