

# TUSKEGEE UNIVERSITY FACULTY TENURE

NAME \_\_\_\_\_  
(Last) (First) (MI) (Date) College and Department

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RANK CURRENTLY HELD TOTAL YEARS OF FULL -TIME EMPLOYMENT AT TUSKEGEE INCLUSIVE DATE OF FULL -TIME EMPLOYMENT AT TUSKEGEE

\_\_\_\_\_  
Date Current Rank Received Date Tenure Granted Date of Employment at Tuskegee

Indicate the date of appointment to each of the ranks listed below

\_\_\_\_\_ INSTRUCTOR \_\_\_\_\_ ASSISTANT PROFESSOR

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\_\_\_\_\_ ASSOCIATE PROFESSOR \_\_\_\_\_ PROFESSOR



## 2. PROFESSIONAL DEVELOPMENT

### A. PUBLICATIONS:

(List publications during the past five years; give complete bibliographic information; submit copies, reprints or documentation of publications in press; credit is not allowed for dissertations or manuscripts not yet accepted for publication).

- (i) Publication of a book representing the results of research or scholarly works, professional accomplishments or creative endeavors:

- (ii) Publication in an appropriate refereed journal of papers or renditions representing the results of research scholarly works, professional accomplishments or creative activities:

- (iii) Publication in an appropriate non-refereed journal of papers or renditions representing the results of research, scholarly works, professional accomplishments or creative activitie

- (iv) Publication of at least three bulleting, pamphlets, abstracts, or the inclusion in appropriate conference proceedings of scholarly efforts, representing the results of research, professional accomplishments or creative activities:

- (v) Preparation of audiovisual tutorial computer software or similar programs which have been accepted by a refereed source:

- (vi) Documented or demonstrative evidence of professional development through outstanding and singular performance in the Arts by:
  - a. The performance by a recognized agency of their original music, drama,



- (vii) Documented evidence of professional development through the presentation of papers or the results of scholarly activities at recognized professional meetings, seminars, symposia, workshops, etc:

- (viii) Preparation of effective instructional materials, e.g., laboratory guides, audiovisual tutorial programs, and computer assisted programs to be used by students, (standard course outlines are not acceptable in this category):

- (ix) Documented evidence of significant leadership or participation in the activities or recognized scholarly or professional organizations (membership alone is not acceptable in this category):

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(x)

(xi) Board certification:

[Empty rectangular box for board certification content]

**B. RESEARCH ACTIVITIES**

(Indicate research activities during the last five years)

[Empty box for research activities]

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C.

D. PROFESSIONAL ORGANIZATIONS:

(List and indicate participation in professional organization during the past five years; state whether member, officer, program participant, or other)



E. OTHER FORMS OF PROFESSIONAL DEVELOPMENT:

[Empty box for professional development details]

3. SERVICE TO THE UNIVERSITY/COMMUNITY:

A. FACULTY SPONSORSHIP OF STUDENT ACTIVITIES:

B. CONSULTANSHIPS:

(To professional organizations, societies, educational institutions, industry, etc.)

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C. SERVICE ON UNIVERSITY AND OTHER COMMITTEES:  
(Make concise statements)

D. INTERNATIONAL SERVICE:

(Administration, institution building program, conducting research, training counterparts, etc.)

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F. OTHER SERVICES TO THE UNIVERSITY COMMUNITY, ETC:

(Include those activities, etc., that do not fall into categories listed above)

What other/additional services has the applicant performed?

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4. EDUCATION (List chronologically):

A. ACADEMIC DEGREES EARNED:

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DEGREE EARNED	SPECIALTY	NAME OF INSTITUTIONS	MONTH AND YEAR RECEIVED
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(i) What is the terminal degree in your specialty? \_\_\_\_\_



**B. STUDIES BEYOND THE HIGHEST DEGREE EARNED:**  
(Applicants are required to submit a transcript denoting the credit hours earned beyond the highest degree.)

NAME OF INSTITUTIONS	SPECIALTY	CREDITS EARNED		INCLUSIVE DATES	TIME IN MONTHS
		Qtr. Hrs.	Sem. Hrs.		

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- (i) Total number of quarter hours earned \_\_\_\_\_
- (ii) Total number of semester hours earned \_\_\_\_\_
- (iii) Date and year the highest degree was earned \_\_\_\_\_  
(Month) (Year)

C.

- E. TRAINING AS RESIDENT, INTERN, NURSE -PRACTITIONER, OR  
OTHER NONACADEMIC POSITIONS THAT INVOLVE MEANINGFUL  
TRAINING IN THE APPLICANT-SPECIALTY:  
(Applicants are required to submit documentation)

**B. ACADEMIC EXPERIENCE AS A GRADUATE ASSISTANT, POSTDOCTORAL FELLOW, OR AT THE PRECOLLEGE LEVEL:**  
(Applicants are required to submit appropriate transcripts in order to receive credit for graduate assistantships.)

NAME OF INSTITUTION	ACADEMIC RANK HELD	ACADEMIC YEARS (Full-time Only)	SUMMER SESSIONS (Full-time Only)
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(i) Total years of academic experience as a graduate assistant \_\_\_\_\_

C. APPLICANTS SHOULD PROVIDE A BRIEF DESCRIPTION OF THEIR  
JOB RESPONSIBILITIES IN EMPLOYMENT AT TUSKEGEE  
UNIVERSITY:

(Provide a concise description of job responsibilities since employment at Tuskegee University within the past five years.)

SPECIALTY AREA AT TUSKEGEE UNIVERSITY \_\_\_\_\_

FOR THE APPLICANT:

I certify that facts presented herein by me are accurate and true.

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Date

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Signature of the Faculty Member

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