University of Southern Indiana

APPLICATION FORM FOR REAPPOINTMENT FOR CLINICAL TRACK OR TENURE TRACK FACULTY

Faculty Member's Information (completed by the applicant)

1. Name:	Current rank:
College: Depart	tment:
2. Current Faculty Track: 🗌 Tenure Track 🗌 Clinical Track	
3. Personnel Action Requested - Reappointment for a:	
🗌 Two-year Contract 🔲 Three-year Contract 🗌 Other:	
4. Year & Semester Appointed to Tenure Track or Clinical Track:	
Year(s) of tenure credit (if applicable): Leaves of Absence (list semester(s) if applicable):	
Year eligible for tenure: Date of tenure: N/A	
5. Years in present faculty rank, as of the end of t	the current academic year:
At USI: Elsewhere: Total:	
6. Portfolio guidelines version used: 🗌 Prior to Fall 2017 🗌 Effective Fall 2017	
Portfolio Part 2 is submitted as a: Second binder USB flash drive N/A	
Applicant's Signed Statement	
I have reviewed the portfolio that I am submitting with this application, and I am presenting it as accurate, complete, current, and ready for review. I also affirm that the material contained in this portfolio is my work unless it is clearly identified on its face as the work of someone else. I understand that I may not add or remove material in the portfolio once submitted.	
Applicant's Signature	Date
The following is completed by the appropriate administrator or review committee.	
Routing (Indicate if not applicable.)	Added Materials Inventory
Portfolio received by: Date:	Materials Added: By: Date:
Department/Program Chair	
Department Review Committee	
College/Unit Review Committee	
College Dean/Director of Library	
Provost	