

## Print, Sign and Insert an Original in application packet

APPLICATION FORM		Date:	
Name:	E-mail:	Contact No:	
School/College:		_Unit:	
ean/Director:Dean's E-mail:			
Current Rank and Discipline:			
Date of tenure track employment at th	ne University:		
Date of last promotion at UOG:			
(If you are uncertain, verification may b	e obtained from the H	luman Resources Office)	
Have you earned tenure?	YES (Date of Tenure:	)	
What is the effective date of your reap	pointment (continuing	g employment)?	
Action desired (choose one only):	Promotion to:		
	tal 100%). Note: Must	onsult CFES, pp. 3, 9-11); indicate appropriate : have at least 50% in major role for either promotion g for Both Tenure and Promotion.	
FOR PROMOTION		FOR TENURE	
% Instruction		% Instruction	
% Creative/Scholarly Activity or Research (minimum 5%)		—% Creative/Scholarly Activity or Research (minimum 25%)	
<u>%</u> Extension and Community Activities		<u>%</u> Extension and Community Activities	
% University and Community Service (minimum 5%)		% University and Community Service (minimum 15%)	
% Library Academic Research Support		% Library Academic Research Support	
% Counseling Center Academic Support		% Counseling Center Academic Support	
100 % TOTAL		100 % TOTAL	
I,		_, (Print Name) authorize the members of the UOG	
Promotion and Tenure Committee to a purpose of review of my P&T application		nd Tenure Package and the Personnel Files for the	

Date:

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Dr. David Gugin, Chairperson Email: dgugin@triton.uog.edu W: www.uog.edu Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913 The University of Guam is a U.S. Land Grant Institution accredited by the Western Association of Schools and Colleges Senior College and University Commission and is an equal opportunity provider and employer.





## **REFERENCE LETTER LIST**

(E-mail a word.doc copy of this page to P&T Chair after submitting packet to HRO)

Applica	pplicant Name:		E-mail:		
•	(If needed, please duplicate the Please include at least two (2)	his page for additional Reference current members of your Unit (	om whom you wish the committee to seek recommendations. additional Reference listings.) mbers of your Unit (U), of whom at least one (1) is a current case designate these individuals with a U or a D next to the		
1.	Name:	Phone:	E-mail:		
	Mailing Address:				
2.	Name:	Phone:	E-mail:		
	Mailing Address:				
3.	Name:	Phone:	E-mail:		
	Mailing Address:				
4.	Name:	Phone:	E-mail:		
	Mailing Address:				
5.	Name:	Phone:	E-mail:		
	Mailing Address:				
6.	Name:	Phone:	E-mail:		
	Mailing Address:				
7.	Name:	Phone:	E-mail:		
	Mailing Address:				

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