

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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