

**APPLICATION FORM FOR REAPPOINTMENT  
FOR CLINICAL TRACK OR TENURE TRACK FACULTY**

**Faculty Member's Information** (completed by the applicant)

1. Name: \_\_\_\_\_ Current rank: \_\_\_\_\_  
College: \_\_\_\_\_ Department: \_\_\_\_\_
2. Current Faculty Track:  Tenure Track  Clinical Track
3. Personnel Action Requested - Reappointment for a:  
 Two-year Contract  Three-year Contract  Five-year Contract  Other: \_\_\_\_\_
4. Year & Semester Initially Appointed to Tenure Track or Clinical Track: \_\_\_\_\_  
Leave(s) of Absence, list semester(s): \_\_\_\_\_  
For tenure-track faculty, Year(s) of tenure credit: \_\_\_\_ and Year eligible for tenure: \_\_\_\_ or  N/A  
For tenured faculty, Year/semester of tenure: \_\_\_\_ or  N/A
5. Years in current faculty rank at USI, as of the end of this academic year: \_\_\_\_
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**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 \_\_\_\_\_

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*The following is completed by the appropriate administrator or review committee.*

**Routing** (Indicate if not applicable.)

**Added Materials Inventory**

<b>Portfolio received by:</b>	<b>Date:</b>	<b>Materials Added:</b>	<b>By:</b>	<b>Date:</b>
Department/Program Chair				
Department Review Committee				
College/Unit Review Committee				
College Dean/Library Director				
Provost				