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**FACULTY PROMOTION APPLICATION FORM**

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| TO THE FACULTY:  Please complete this form as your Application for Promotion. The completed form should be uploaded to your folder in Box along with your portfolio including the required and recommended evidence (see Guidelines for Promotions Application and Portfolio). |
| Please CAREFULLY read the Touro University Faculty Rank and Promotions Policy prior to preparing your portfolio. The Policy can be found on the TouroOne portal. Click on the Employee tab and scroll down. The faculty resources are listed in the left column. |
| INSTRUCTIONS:  Download the application and save it to your desktop. The application can then be completed at your convenience. You can start it, save it, and return to it at a later date to finish. All questions are required. Feel free to add text boxes as needed. When the application is ready to go, you can upload it to your folder in Box. |
| For questions, further information, or to request a folder in Box, contact the Committee Chair, Dr. Meira Orentlicher, [promotions@touro.edu](mailto:promotions@touro.edu). |

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| --- | --- |
| **DATE** |  |
| **NAME** |  |
| **TOURO ID#** |  |
| **PROGRAM/DEPARTMENT** |  |
| **SCHOOL** |  |
| **DEAN(S) TO WHOM YOU REPORT** |  |
| **CHAIR(S) TO WHOM YOU REPORT** |  |
| **DIRECTOR(S) TO WHOM YOU REPORT** |  |
| **HOME ADDRESS** |  |
| **TELEPHONE** |  |
| **TOURO EMAIL** |  |

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| **Candidate for Promotion** | |
| **From (Rank)** | **To (Rank)** |
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| **Dates of previous application for promotion (if any)** |  |

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| **Record at Touro University** | | |
| **Dates at Each Rank** | **Rank** | **School and Department** |
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| **College Education and/or Education in Progress** | | | |
| **Date** | **Institution** | **Degree** | **Major** |
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# **PROFESSIONAL EXPERIENCE**

**Teaching Experience in Other Institutions**

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| **Full-time (List Dates at Each Institution and Rank)** | | | |
| **Date** | **Institution** | **Department** | **Rank** |
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| **Part-Time or Adjunct (List Dates at Each Institution and Rank)** | | | |
| **Date** | **Institution** | **Department** | **Rank, if any** |
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**Other Relevant Employment History**

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| **Full-time (List Dates at Each Employer and Position(s) Held)** | | |
| **Date** | **Employer** | **Position** |
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**Other Relevant Employment History (cont.)**

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| **Part-time (List Dates at Each Employer and Positions Held)** | | |
| **Date** | **Employer** | **Position** |
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# **TEACHING**

**To evaluate accomplishments in teaching, the committee reviews course evaluations. Please sign the permission statement below to release your course evaluations for committee review.**

**Please note: Original or authorized digital (e.g., DocuSign) signatures are required.**

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| Permission Statement:  I hereby give permission to Touro University to release my course evaluations for review by the Touro University Committee on Faculty Promotions.    **Name (Print) Signature Date** |

**Evidence of teaching effectiveness (describe innovations in teaching, awards, or other recognition)**

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# **SCHOLARSHIP / RESEARCH / CREATIVE ACTIVITIES:**

**Publications (list dates, titles, publications, and publishers; indicate which are refereed)**

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**Scholarly lectures and conference papers (list dates, titles, and occasions)**

**Scholarly Work in Progress (indicate publisher, if any)**

**Other professional or creative activities**

# **SERVICE:**

# **Service to the Department**

**Service to the University**

**Service to the Larger Community**

# **AWARDS, HONORS, AND RECOGNITION:**

# **Academic and Professional Honors (list dates and locations)**

**Outside Recognition (be specific; give details)**

**Membership in Learned Societies (include any offices held)**

# **REFERENCES:**

* If applying for promotion to Associate Professor: Three letters of reference are required. Two of the letters must be from sources outside Touro University. One of the external references should be solicited by or approved by the committee chair.
* If applying for promotion to Professor: Three letters of reference from sources outside Touro University are required. One of the external references should be solicited by or approved by the committee chair.

List names and email addresses of 3-5 full professors/scholars, outside of Touro University, who may be contacted to objectively evaluate your research and/or other professional activities. These scholars should not know you personally or have worked with you on collaborative projects and should be solicited by or approved by the committee chair. These are in addition to those from whom you may be requesting your own letters of reference.

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| **NAME** | **POSITION** | **PHONE & EMAIL** | **RELATIONSHIP TO YOU** |
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 **I ATTEST THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

**Please note: Original or authorized digital (e.g., DocuSign) signatures are required.**

**Name (Print) Signature Date**