MINOT STATE UNIVERSITY

Application for Promotion

Date_____Name of Candidate _____

Department/Division _____

Application for promotion to the rank of _____

TIME IN RANK:

1. Original appointment to faculty: Rank_____Month_____ Year_____

2. a. Has your rank changed since your original appointment? ☐ Yes ☐ No

   b. If yes, state your current rank and effective date of change

   Current Rank _____ Month _____ Year_____

3. Do you meet the time in rank requirements listed for the rank applied for? *(See Faculty Handbook, Promotion Bylaws.)* ☐ Yes ☐ No

4. Do you have the number of years' experience listed for the rank for which you are applying? *(See Faculty Handbook, Promotion Bylaws.)* ☐ Yes ☐ No

5. Years in rank: (full time) at Minot State University (exclude the current year) as:

   a. Faculty Dates: Month _____ Year ____ to Month _____ Year ____

   b. Total Years _____

6. Years for which you were given credit with your initial appointment, as documented in your initial letter of appointment:

   a. Faculty Dates: Month _____ Year ____ to Month _____ Year ____

   b. Total Years _____

EDUCATION:

Degree Obtained	College/University	Years from-to	Year Degree