

COVER SHEET
COMMITTEE ON RANK AND TENURE
Academic Year 2019-2020

_____ Tenure Review Only
_____ Tenure and Promotion Review
_____ Promotion Review Only

Review for _____ (Name) _____ (Date)

Degrees/Institutions/Dates:

Year and rank of initial appointment _____ / _____

Number of years full time teaching at Nazareth College (including 2019- 2020) _____

Number of years part time teaching at Nazareth College _____

Number of years previous teaching at _____

Leave of absence _____

Sabbatical _____

Promotions:	<u>Rank</u>	<u>Year Effective</u>
	Assistant Professor	_____
	Associate Professor	_____



By checking this box, I verify the narrative submitted does not exceed the 3000 word limit.



By checking this box, I verify I understand all application materials must be submitted electronically to VPAA@naz.edu by the date outlined on the Calendar for Rank and Tenure.