

**University of South Florida
College of Nursing
Instructor Career Path Promotion Application**

I. Applicant Information:

Full Name of Applicant

Signature

Date

Full Name of Associate Dean/Director

Signature

Date

Initial Date of USF Employment

Date of Appointment to
Instructor on a Regular Appointment

Current FTE

I am seeking promotion to:

Instructor Level II

Instructor Level III

For the Academic Year:

20 - 20

II. Applicant Narrative:

Provide a concise narrative describing your goals and accomplishments in the areas of teaching, service, collegiality/citizenship and other areas of assigned duties (applicants should address specific criteria as outlined in CON Appointment and Promotion Guidelines):

**University of South Florida
College of Nursing
Instructor Career Path Promotion Application**

III. Supporting Documentation:

To be provided by applicant and included with application.

- 1) Current/Updated CV;
- 2) Annual Faculty Assignments for the past 5 years;
- 3) Annual Faculty Evaluations for the past 5 years;
- 4) List of all courses taught for the past 5 years, including # of students per course and students' evaluations (numerical and written). Template in Appendix A will be completed by the Office of Faculty Affairs;
- 5) Other material that supports Applicant Narrative provided under Section II of this application.

IV. External Reviewers:

Append the completed external reviewer recommendation form and provide for each a brief paragraph that describes their academic credentials. Include actual letters from reviewers.

V. Instructor Promotion APT Review Committee:

Indicate the candidate's performance rating in the chart provided for the applicant's assigned duties including collegiality/citizenship:

O = Outstanding
W = Weak

ST = Strong
UN = Unacceptable

SA = Satisfactory
NA = Not Applicable

Performance Area:	Rating:	Committee Comments:
Teaching		
Research, Scholarship, Creative Activity (if applicable)		
Service - Professional & Practice		
Collegiality/ College & University Citizenship		
*Refer to Instructor Level Promotion Criteria outlined in the CON Appointment and Promotion Guidelines. Provide a narrative of explanation of the assigned ratings. Use additional pages if necessary.		
Name of APT Committee Chair _____		Signature _____ Date _____

VI. Department Director/Associate Dean Evaluative Letter, including:

- 1) Recommendation regarding promotion outlining the candidate's contributions to the department, college, university;
- 2) Critique of student assessments of teaching results;
- 3) Assessment of previous years' annual performance evaluations;
- 4) Assessment of applicant's goals, accomplishments and related supporting documentation provided under Sections II and III of this application.

University of South Florida
College of Nursing
Instructor Career Path Promotion Application

- VII. College APT Committee's Narrative Letter:**
Optional – required only for recommendations to deny promotion.

University of South Florida
College of Nursing
Instructor Career Path Promotion Application

VIII. Dean's Narrative Letter:

Optional – required only for recommendations to deny promotion.

**University of South Florida
College of Nursing
Instructor Career Path Promotion Application**

IX. Recommendations:

Refer to the criteria for Promotion to next level in the CON Career Path for Instructors Appointment and Promotion Guidelines.

Department Director/Associate Dean:

I hereby recommend advancement to the requested level be **GRANTED**

I hereby recommend advancement to the requested level be **DENIED**

Name of Department Director/Associate Dean Signature Date

College of Nursing APT Committee:

We hereby recommend advancement to the requested level be **GRANTED**

We hereby recommend advancement to the requested level be **DENIED**

# Grant:	# Deny:	# Defer:	# Abstain:	# Absent:

I certify that the above accurately represents the secret balloting of the eligible membership of the College Committee.

Name of APT Committee Chair Signature Date

College of Nursing Dean:

I hereby **GRANT** advancement to the requested level.

I hereby to **DENY** advancement to the requested level.

Name of College of Nursing Dean Signature Date