

**LOCK HAVEN UNIVERSITY
APPLICATION FOR PROMOTION**

Please make three copies of this application. Submit one copy to your department chairperson, one copy to the chairperson of your departmental promotions committee, and retain the third copy for your records.

Name _____ Date _____

Department _____

What year did you begin full-time teaching at Lock Haven University? _____

What rank are you applying for? _____ Assistant Professor
_____ Associate Professor
_____ Professor

How many years at present rank at Lock Haven? (Include present academic year) _____

How many years of full-time teaching or its equivalent have you had at an institution other than Lock Haven?

Employers _____	Dates _____
_____	_____
_____	_____

How many years have you been on leave? _____ Kind of leave and dates:
_____ date _____
_____ date _____

Highest earned degree: _____ Institution: _____ Date: _____

Please fill in as appropriate:

Masters + _____ credits
Total graduate credits including Masters is _____
No Masters degree, but _____ degree credits

Are you actively working toward a doctorate? _____

Have you been admitted to candidacy? _____

What requirements do you still have to fulfill this degree:

Hours of class work _____
Comprehensive examinations _____
Research _____
Dissertation Writing _____
Other (please explain) _____