

**SUFFOLK COUNTY COMMUNITY COLLEGE
SELDEN, NEW YORK**

FORM A 1

APPLICATION FOR PROMOTION IN ADJUNCT FACULTY RANK

NAME _____

DATE _____

DISCIPLINE OR DEPARTMENT _____

AREA OR DIVISION _____

PRIMARY CAMPUS (OF CURRENT ASSIGNMENT):

- | | | |
|-----------------------------------|--|-------|
| <input type="checkbox"/> AMMERMAN | TOTAL SEMESTERS AT SCCC | _____ |
| <input type="checkbox"/> EASTERN | SEMESTERS IN PRESENT RANK | _____ |
| <input type="checkbox"/> WESTERN | CREDIT HOURS TAUGHT/WORKED IN PRESENT RANK COLLEGE-WIDE | _____ |

PRESENT RANK:

- | | | |
|---|--|--|
| <input type="checkbox"/> INSTRUCTOR | <input type="checkbox"/> ASSISTANT PROFESSOR | <input type="checkbox"/> ASSOCIATE PROFESSOR |
| <input type="checkbox"/> PROFESSIONAL ASSISTANT I | <input type="checkbox"/> SPECIALIST I | |

EDUCATIONAL PREPARATION

(ADMINISTRATIVE
USE ONLY)

| INSTITUTION | PERIOD OF ATTENDANCE | MAJOR | MINOR | DEGREE/ DIPLOMA/ CREDITS | TRANSCRIPT IN FILE VERIFIED BY NAME DATE |
|-------------|----------------------|-------|-------|--------------------------------|--|
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CANDIDATE'S STATEMENT

I meet the educational and time-in-rank requirements for promotion in adjunct rank. I hereby apply for promotion to the rank of _____. I certify that all of the statements made in this application are true to the best of my knowledge. I understand that it will be necessary for the Chairperson of the College Personnel Committee (or designee) and for administrators responsible for my evaluation to review my personnel folder in connection with this application. I consent to such review, hereby waiving any right to privacy that may exist, and release the College from any liability relating to such review.

Signature

Date

NAME OF CANDIDATE

PERFORMANCE OF PROFESSIONAL RESPONSIBILITIES (RE CLASSROOM TEACHING, COUNSELING, LIBRARIANSHIP, PROFESSIONAL ASSISTANT DUTIES)

Candidate should state why he or she believes promotion at this time is warranted based upon performance of professional duties. New or innovative techniques, methods, procedures or substantial improvements might be cited. Evidence based on student feedback, work toward retaining students, new work procedures/or programs initiated, or substantial improvements in policies, procedures or systems should be included, if applicable.

CANDIDATE'S STATEMENT:

OTHER INFORMATION (OPTIONAL):

Please include any other information that supports your promotion, i.e. committee assignments, program reviews, service on college advisory or community boards, or other community activities that bring demonstrated benefit to the College.

Verification: The above statements are verified by documents in the candidate's file.

Signature of Associate Dean for Professional Advancement

Date