

SAH APT APPLICANT DATE SHEET

NAME: _____ **ACADEMIC RANK:** _____

DEPARTMENT: _____ **TENURED?** _____

APPLYING FOR: RANK _____ **TENURE** ___YES ___NO

	INSTR.	ASST.PROF.	ASSOC.PROF.	PROF.
YEARS IN GRADE	_____	_____	_____	_____

YEARS AT KUMC	_____	_____	_____	_____
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CURRENT POSITION (LIST % OF ACTIVITY EXPECTED, BRIEFLY DESCRIBE DUTIES/ACTIVITIES)

_____ **% SCHOLARSHIP:**

_____ **% TEACHING:**

_____ **% SERVICE:**

SIGNATURE OF DEPARTMENT CHAIR VERIFYING ABOVE: _____

PROF. EDUCATION: (DEGREE, EMPHASIS, INSTITUTION, LOCATION, DATES OF STUDY)

PROF. EMPLOYMENT: (TITLE, FTE, RESPONSIBILITIES, FACILITY, LOCATION, DATES OF WORK)

PROF. CERTIFICATION: (LABEL, NUMBER, GRANTING BOARD, ETC., YEAR AWARDED)

PROF. MEMBERSHIPS: (ORGANIZATION, APPLICABLE YEARS)

Please attach a copy of your program's APT guidelines if they differ from the School's guidelines