

UNIVERSITY OF ARKANSAS AT PINE BLUFF



1200 N. UNIVERSITY DRIVE
PINE BLUFF, ARKANSAS

Academic Affairs
Checklist for Faculty
Qualifications

Tenure/Promotion

Applicant: _____

School: _____

Department: _____

Date: _____

UNIVERSITY OF ARKANSAS AT PINE BLUFF
Vice Chancellor's Checklist for Faculty Qualification
For Tenure/Promotion in Rank

1. Name _____
 - a. Your service began at UAPB _____
 - b. Current status at UAPB _____
 - c. Division / Program _____
 - d. Department / Program _____
 - e. Present academic rank _____

2. Academic Training
 - a. Highest earned degree _____
 - b. Additional credit (expressed in years) _____
 - c. Special non-credit training (list) _____

3. Longevity
 - a. Years of service at UAPB _____
 - b. Years of service at other colleges/universities _____
 - c. Years of service in highest rank _____

4. Teaching Ability (describe here, submit evidence in appropriate section of portfolio)
 - a. Syllabi
 - b. Lectures
 - c. Classroom presentation of instructional materials
 - d. Class assignments
 - e. Monitoring of examinations
 - f. Endorsement of colleagues

5. Scholarship Competence (describe here, submit evidence in appropriate section of portfolio)
 - a. Books written
 - b. Books published
 - c. Articles written
 - d. Articles published
 - e. Concerts, exhibitions, plays, etc. (List with year)
 - f. Endorsement of stakeholders
 - g. Impact Assessment

6. Performance of Departmental and University Duties (describe here, submit evidence in appropriate section of portfolio)

Division / Program

- a. Committee service
 - b. Recruitment of new students
 - c. Academic advisement
 - d. Counseling of students
 - e. Participation of co-curricular activities
 - f. Development of new programs
 - g. Service on standing committees
 - h. Support of University promotional activities
7. Professional Recognition (describe here, submit evidence in appropriate section of portfolio)
- a. Offices that you now hold and/or formerly held in professional organizations, learned societies (List names of each organization and year(s).
 - b. Membership held in professional organizations and learned societies (list)
 - c. Scholarships and grants received (name and year)
 - d. Certificates and awards received (name and year)
 - e. Program grants from proposals written (list and year)
 - f. Biographical publication with nominee included (list and year)

- g. Honors received from UAPB for outstanding work as teacher and scholar.
- 8. Creative Ability (describe here, submit evidence in appropriate section of portfolio)
 - a. Recognition of outstanding performance (local, state, national, international)
 - b. Production of outstanding work(s)
- 9. Service to the Community (describe here, submit evidence in appropriate section of portfolio)
- 10. Annual Evaluations (describe here, submit evidence in appropriate section of portfolio)

11. Certification

I certify that the information submitted in this Checklist is accurate and correct.

Applicant's Signature

_____ day of _____, 20 _____

Department Chair's Action

I certify that I have carefully examined the documents submitted in the Vice Chancellor's Checklist for

Faculty Member

Department/Program

To the best of my knowledge and belief they are accurate and correct as noted below.

Exceptions:

Action taken:

Signature:

Chair

Department/Program

School/Division/Program

Date

Department/Program Committee Action (if applicable)

I certify that I have carefully examined the documents submitted in the Vice Chancellor's Checklist for

Faculty Member

Department/Program

To the best of my knowledge and belief they are accurate and correct as noted below.

Exceptions:

Action taken:

Signatures:

Chair

Member

Member

Member

Member

Date

School/Division/Program Dean/Director's Action

I certify that I have carefully examined the documents submitted in the Vice Chancellor's Checklist and attachments for

Faculty Member

School/Division/Program

To the best of my knowledge and belief they are accurate and correct as noted below.

Exceptions:

Action taken:

Signature:

Dean/Director

School/Division/Program

Date

Vice Chancellor's Report to the Chancellor

I certify that I have carefully examined the documents submitted for Tenure/Promotion for

Faculty Member

Department/Program

To the best of my knowledge and belief they are accurate and correct as noted below.

Exceptions:

Action taken:

Signature:

Vice Chancellor for Academic Affairs

Date