# Background Information

This template is best completed with a PC. If using a MAC, consult with division support for guidance.

###### PERSONAL DATA

|  |  |
| --- | --- |
| Name:  | Click here to enter text. |
| Discipline/Division: | Click here to enter text. |
| Rank Sought: | Choose an item. |
| Seeking Tenure: | Choose an item. |

###### HISTORY OF APPOINTMENT

|  |  |
| --- | --- |
| Appointed at rank of Instructor: |  |
|  One-Year Renewable Appointment (if applicable) | Click here to enter a date. |
|  Tenure Track (if applicable)  | Click here to enter a date. |
| Promoted to rank of Assistant Professor | Click here to enter a date. |
| Tenure granted: | Click here to enter a date. |
| Promoted to rank of Associate Professor: | Click here to enter a date. |

 I am eligible for promotion/tenure consideration under Senate Policy 3.010 for faculty hired PRIOR to September 1, 2012

QUALIFICATIONS

### INTERNAL EVIDENCE (For Faculty Hired Prior to September 1, 2012)

|  |
| --- |
| *Qualifications for promotion and tenure include* ***internal evidence*** *(other than instruction) of (1) teaching effectiveness; (2) educational and professional growth; and (3) productive activity for the College. Check the rank being sought and internal evidence that applies from drop down list)* |
|[ ]  Seeking promotion to Assistant Professor by meeting Choose an item. |
|[ ]  Seeking promotion to Associate Professor by meeting Choose an item. |
|[ ]  Seeking promotion to Full Professor by meeting Choose an item. |
|[ ]  Seeking Tenure by meeting minimum qualifications:1. Completion of three years of full time teaching at Delta College including one-year appointments
2. Minimum relevant academic or other experience, as specified in writing for each non-tenured continuing appointment faculty position.
3. Demonstrated professional growth related to teaching responsibilities
4. Demonstrated teaching effectiveness in student learning and student attitudes toward the subject matter and instruction.
5. Reasonable instructional assistance to course participants outside of regular class hours.
6. Evidence of cooperation with faculty colleagues, division and college policies and meeting administrative requirements as specified in the Senate Handbook.
 |

In the following sections list all information chronologically starting with the most **recent.** Note: Use “TAB” key when in bottom right cell of a table to add more rows. The material in this section is similar to that you would include on a C.V.

### ACADEMIC CREDENTIALS

|  |
| --- |
| *List ALL Academic credentials.* |
| Degree/Certificate/Courses | Institution | Major/Minor/Field  | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### ACADEMIC COURSES TOWARDS DEGREE

|  |
| --- |
| *(List pertinent academic courses towards earning a degree since appointment to FT faculty position.* |
| Degree/Certificate/Courses | Institution | Major/Minor/Field  | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### ACADEMIC EDUCATION (OTHER)

|  |
| --- |
| *List ALL Academic Education not leading to a degree. (e.g. EDU courses) since appointment to FT faculty position.* |
| Course Title and Number | Institution | Number of Credits | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### TEACHING EXPERIENCE/WORK RELATED EXPERIENCE

|  |
| --- |
| *List Teaching Experience/Work Related Experience recognized by Delta PRIOR to Delta Employment* |
| Position | Institution | Course/Activity | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### DELTA TEACHING EXPERIENCE

|  |  |  |
| --- | --- | --- |
| Division/Discipline | Courses (Number and Name) | Date or Frequency |
|  |  |  |
|  |  |  |
|  |  |  |

### AWARDS OR RECOGNITIONS

|  |
| --- |
| *List ALL Awards or Recognitions* |
| Subject/Activity | Type | Location | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Professional Growth – for assistant & tenure: since appointment. For associate (if separate from tenure) or full: since last promotion

### PROFESSIONAL CERTIFICATION/CREDENTIALS BEYOND DEGREE/C.E.U.’S

|  |
| --- |
| *List conferences/workshops at which certificate of participation or C.E.U. was awarded. Such certificate or transcripted C.E.U. must be available upon request.* |
| Location | Sponsoring Agency/ Organization | Subject Matter/Topic | C.E.U/ Professional Certificate | Presentation (if presenter) | Date | Hours (if < full day) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### Current membership in professional organizations

|  |  |  |
| --- | --- | --- |
| Organization | Committee Memberships/Offices Held (Dates) | Member Dates |
|  |  |  |
|  |  |  |
|  |  |  |

### PROFESSIONAL CONFERENCES/SEMINARS/WORKSHOPS

|  |
| --- |
| *List ALL Professional Conferences/Seminars/Workshops Attended* |
| Location | Sponsoring Agency/ Organization | Subject Matter/Topic | Presentation (if presenter) | Date | Hours (if < full day) |
| *Examples:* *Washington D.C.* | *Association of Surgical Tech National Conference* | *Various Topics* |  | *May 23-27, 2016* |  |
| *Saginaw, MI* | *Surgical Technology Association* | *Surgical Technology* | *Apps for Surgical Technology**Anterior Cruciate Ligament Reconstruction* | *April 9, 2015* | *1 hour**2 hours* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### OTHERS RECOGNIZED BY THE DIVISION

|  |
| --- |
| *List any others recognized by the Division including publication, research, educational travel, work-related experience, etc.* |
| Subject/Activity | Type | Location | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# PRODUCTIVE ACTIVITIES OTHER THAN DIRECT INSTRUCTION – SINCE APPOINTMENT OR LAST PROMOTION

##  INTERNAL

### Division committees, activities

|  |  |  |
| --- | --- | --- |
| Committee/Office Held | Responsibility | Date |
|  |  |  |
|  |  |  |
|  |  |  |

### COLLEGE GOVERNANCE/OTHER COLLEGE COMMITTEES, ACTIVITIES

|  |  |  |
| --- | --- | --- |
| Committee/Office Held | Responsibility | Date |
|  |  |  |
|  |  |  |
|  |  |  |

### SUPPLEMENTAL/RELEASE TIME ACTIVITIES

|  |  |  |
| --- | --- | --- |
| Activity/Purpose | Hours/Specify Release or Supplemental | Date |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Statement summarizing your accomplishments during your supplemental release time activity (summarize one activity per cell) |
|  |
|  |
|  |

### OTHER/INNOVATIVE TECHNIQUES, DEVELOPMENT OF NEW COURSE, ETC.

|  |  |  |
| --- | --- | --- |
| Activity | Purpose | Date |
|  |  |  |
|  |  |  |
|  |  |  |

##  EXTERNAL:

### COMMUNITY SERVICE ACTIVITY

|  |
| --- |
| *List any Community Service Activities*  |
| Activity | Responsibility | Location | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### PROFESSIONAL ACTIVITY

|  |
| --- |
| *List any Professional Activities such as consulting, lecturing, speeches, TV interviews, presentations, not previously listed.*  |
| Activity | Subject | Location | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### OTHER

|  |
| --- |
| *List any other activities recognized by the division*  |
| Activity | Subject | Location | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# EDUCATIONAL AND PROFESSIONAL GROWTH STATEMENT

*Enter a statement below in the text box of* ***three pages or less*** *summarizing how your professional/educational growth (as listed previously) has influenced your teaching/learning. Note: This is not a statement of teaching philosophy, but it is to be a description of how experiences you described above (productive activity, professional development) have affected your teaching and learning. Address how you have gathered and responded to student feedback (including but not limited to official college student feedback forms, informal assessments, surveys, and communications). Explain what new pedagogical or class management approaches you have tried and their impact on student success.*

Click here to enter text.

# TENURE QUALIFICATIONS (TENURE CANDIDATES ONLY)

### Demonstration of teaching effectiveness in student learning and student attitude toward subject matter and instruction.

*Evidence may include, but is not limited to, assessment of competence in the subject matter, student performance and competency in the subject matter, effective use of instructional methods and materials, and supportive attitude towards students.*

###### Candidate Statement:

Click here to enter text.

### Proof of reasonable instructional assistance to course participants outside of regular class hours.

###### Candidate Statement:

Click here to enter text.

### Evidence of Cooperation with:

### Faculty Colleagues

*List activities that demonstrate evidence of cooperation with peers within the division and College faculty and staff. Discuss how this cooperation will be sustained.*

Click here to enter text.

### I certify that I have met administrative requirements as specified in the Senate handbook.

*Yes/No*

# LEADERSHIP SELF STUDY (Full Professor Considerations Only)

*LIMIT 2-3 pages in length. Enter a statement describing your leadership and its impact. While letters of testimony to your leadership skills may be attached for Division use in the appendix, only excerpts will be included in the Division Chair Recommendation. Note: It is inappropriate to include letters of testimony from anyone who would have a conflict of interest, such as anyone outside of Division level who would vote on your candidacy.*

Click here to enter text.

PEER REVIEW COMMITTEE REPORT
*A report prepared by the Peer Review Committee should be submitted electronically to the Division office by the committee. A separate template and instructions for this report can be found under the “Academic Services” link on the Delta portal “Information Site” tab.*

Click here to insert Peer Review Committee Report

# DIVISION CHAIR RECOMMENDATION

Following the Division hearing, a report prepared by the Division Chair is added to the packet here. A template for that report can be found on the employee ILS portal site.

Click here to enter completed template.