



Attachment A - Intent To Apply For Promotion
Adjunct Faculty Form

To: (Associate Dean or Academic Director) \_\_\_\_\_

From: (Faculty Applicant for Promotion) \_\_\_\_\_

With this memorandum, I hereby declare my intention to apply for promotion to the rank of:

- Adjunct Assistant Professor
Adjunct Associate Professor
Adjunct Professor

By initialing here, I confirm that:

- I am applying for promotion one (1) rank above my current rank.
I have thoroughly reviewed the SPS document titled Process and Criteria for Promotion of Adjunct Faculty and believe I fulfill the minimum criteria for promotion to the academic rank selected above.
I understand that if my portfolio is deemed incomplete, it will not be considered.
It is my responsibility to gather and submit all the required materials to include in my promotion portfolio with the exceptions being: 1) The Academic Director or Associate Dean's letter of support and 2) If applicable, letters of reference.
I have had, or will have, two teaching reviews conducted in the past three years and I will include those evaluations in my portfolio.
This form must be submitted to the Associate Dean or Academic Director no later than May 1 and promotion decisions will be communicated to candidates no later than March 1 of the subsequent academic year. Granted promotions will become effective at the beginning of the spring semester in which the decision is communicated.

Please kindly confirm my eligibility (which is limited to the following objective criteria: 1) sufficient time in service; 2) possesses the necessary degree (or has obtained a waiver from the SPS Dean) and 3) has two (2) teaching reviews in the past three (3) years from classes at NYU for which the applicant is the faculty member of record) and intention to apply by countersigning and submitting the form to the Office of Faculty Affairs at sps.facultyaffairs@nyu.edu by no later than June 1 and copy me on your submission. Thank you for your time and attention.

Signature of Adjunct Faculty Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Associate Dean or Academic Director: \_\_\_\_\_ Date: \_\_\_\_\_