



Adjunct Faculty: Rank Advancement Application

Fall 2012_____ Spring 2013_____ ☐ Academic ☐ Career/Technical _____

Please print or type

Date: _____ ☐ Teaching Faculty ☐ Non-teaching faculty

Name: _____ Extension: _____

Department: _____ Part-Time Faculty at PCC: _____
of years

Current Rank:

Desired Rank:

☐ Instructor

☐ Adjunct Assistant Professor

[A] Academic Preparation

(If you are unaware of your salary classification, please inquire with your Division Dean or appropriate manager. If you remain uncertain, the information will be verified by the Academic Rank Committee).

Degrees held: (e.g. B.A., M.S., Ph.D., etc), year conferred, and awarding institution

_____	_____	_____
(Degree)	(Year)	(Institution)
_____	_____	_____
_____	_____	_____
_____	_____	_____

[B] Academic Experience

Number of semesters (fall/spring) as part-time faculty at PCC: _____ Date eight semesters completed: _____
(Minimum requirement for rank change: eight full semesters-excludes inter-sessions)

Applicant signature: _____ **Date:** _____

The Academic Senate Rank Committee thanks you for applying. All information will remain confidential. Applications will be returned upon request only after the committee has acted. You will receive a letter about the action taken by the committee.