

APPLICATION FOR ADJUNCT ACADEMIC RANK

(submit to the Academic Senate Committee on Academic Rank)

Name: _____ Department: _____ Employee Number: _____
(print or type)

I am applying for the rank of (check one)

Adjunct Assistant Professor. (5 or more semesters of instruction)

Adjunct Associate Professor. (12 or more semesters of instruction)

I certify that I am currently employed at Los Angeles City College and eligible for said rank, checked above, as provided for in the Academic Rank Policy for The Los Angeles City College as adopted by the Academic Senate of Los Angeles City College.

Applicant's Signature: _____ Date: _____

(Office Use only)

(Office Use only)

Office Verification

The above named person has served _____ semesters of instruction at The Los Angeles City College as indicated on the current adjunct seniority report.

Verified by: _____ Date: _____
(Supervising Dean)

Action by Academic Rank Committee

The above named applicant has been **granted** the rank of Adjunct Assistant Professor.
 Adjunct Associate Professor.

The above named applicant has been **denied** the rank of Adjunct Assistant Professor.
 Adjunct Associate Professor.

Reason denied:

Chair Academic Rank Committee (Print): _____

Chair Academic Rank Committee (Sign): _____

Date: _____