blue and white logo with saint louis university and fleur-de-li

**Long-Term NTT Contract Recommendation Form**

***Note: Please consult the*** [***Long-Term NTT Contracts Policy***](https://www.slu.edu/provost/policies/faculty/policy-ntt-contracts.pdf) ***before initiating this form.***

**Instructions**

1. For each faculty member eligible for consideration of a long-term NTT contract, the respective chair (if applicable) and dean should collaboratively consider the most appropriate contractual term per the “feasible and judicious” requirements of Section 3.1 of the *Long-Term NTT Contracts Policy*, as well as the criteria established in Section 6.2 of that Policy.
2. Only the dean shall submit the completed form to the Office of Faculty Affairs for the Provost’s review and approval.
3. This document should be saved as a PDF when completed, and all parties should save a copy.
4. **Deans:** Upload the completed PDF form to the Office of Faculty Affairs [**via this link**](https://docs.google.com/forms/d/e/1FAIpQLSef19IbCjO9XBO183FWFON_iJ4fuUNKMVuoDiSxqRH9pz0y8g/viewform)by the deadline set annually by the Office of the Provost.

**NTT Faculty Information**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **SLU ID#** |
|  |  |  |

|  |  |
| --- | --- |
| **Primary College/School/ Center/Library** | **Primary Department** *(if applicable)* |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Date of Initial Appointment at SLU as FT Faculty in the rank of either Assistant or Associate Professor** | **Were Any Years of FT Faculty Service Credit Awarded Upon Initial Hiring?** | **If Years of Service Credit Upon Initial Hiring Were Awarded: How Many?** |
| Click or tap to enter a date. | Yes  No | Choose an item. |

|  |  |
| --- | --- |
| ***Current* Faculty Rank** | **Years of Service in *Current* Rank** |
| Assistant Professor  Associate Professor  Professor | Choose an item. |

**Dean-Recommended Long-Term Contract Details**

|  |  |  |
| --- | --- | --- |
| **Maximum *Eligible* Contract Duration** *(per Section 5.4 of Policy)* | ***Dean Recommended* Contract Duration** | **Effective Academic Year** |
| Choose an item. | Choose an item. | Choose an item. |

**Dean’s Assurances**

|  |  |  |
| --- | --- | --- |
| **#** | **Criterion** *(see Section 6.0 of the Policy)* | **Dean’s Assurance** |
| 1 | My review of the formal, written reviews of the faculty member’s past performance (including, but not limited to, reviews of the quality and impact of their teaching at SLU and fulfillment of previous SLU contractual terms) support this recommendation.  ***Provide a summary of related evidence below…***  Click or tap here to enter text. | Yes  No |
| 2 | My review of the faculty member’s current earned rank and academic promotion history support this recommendation.  ***Provide a summary of related evidence below…***  Click or tap here to enter text. | Yes  No |
| 3 | Past and projected student enrollment in, and net tuition revenue from, the faculty member’s assigned courses (if applicable) support this recommendation.  ***Provide a summary of related evidence below…***  Click or tap here to enter text. | Yes  No |
| 4 | Past and projected student enrollment in, and net tuition revenue from, the academic program(s) served by the faculty member’s assigned courses support this recommendation.  ***Provide a summary of related evidence below…***  Click or tap here to enter text. | Yes  No |
| 5 | Results of the most recent formal, University-level review(s) of the quality, viability, and/or sustainability of the academic program(s) served by the faculty member’s assigned courses support this recommendation.  ***Provide a summary of related evidence below…***  Click or tap here to enter text. | Yes  No |
| 6 | My review of all applicable accreditation (if any) requirements supports this recommendation.  ***Provide a summary of related evidence below…***  Click or tap here to enter text. | Yes  No  Not Applicable |
| 7 | I have confirmed that any applicable years (if any) of service at another institution have been appropriately considered in support of this recommendation.  ***Provide a summary of related evidence below…***  Click or tap here to enter text. | Yes  No  Not Applicable |
| 8 | My review of the following special considerations (if any) support this recommendation.  ***Provide a summary of related evidence below…***  Click or tap here to enter text. | Yes  No  Not Applicable |

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**Chair’s Endorsement**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Date** |
|  |  | Click or tap to enter a date. |

**Dean’s Endorsement**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Date** |
|  |  | Click or tap to enter a date. |

**REMINDER:**

**Only deans should submit this form, and only upon their recommendation of the contract detailed herein. The Provost has the final approval of any proposed long-term NTT contract.**