

REQUEST FOR FULL-TIME FACULTY POSITION 2010-2011 ACADEMIC YEAR

Please complete all items on this form and return it to the Office of the Provost by **March 24, 2009**. Use a separate form for each position requested.

Department/Program requesting: _____

Department(s)/Program(s) of appointment (if different): _____

Position status requested:

- Tenure-track
- One-term
- One-Year
- Two/Three Year

Rank requested: Instructor Assistant Associate Professor

Lecturer [Non professorial position]

This position is:

- Replacement for Prof. _____ who is:
 - Planning to retire as of _____.
 - On sabbatical or other leave during _____.
 - Concluding a non-tenure-track term appointment this year.
 - Leaving Gettysburg (non-reappointment, appointment elsewhere).
 - Gone since AY _____, but whose position was not filled.
- Expansion of department/program.

Position description (areas of specialization, teaching, etc.):

A. Define field (e.g., ethnomusicology with specialization in African American music) _____

B. Please write a description of the position similar to what might be included in an advertisement:

JUSTIFICATION:

Please present a succinct justification of the position, including any of the following areas that are relevant: 1) enrollment levels, pressures, and trends; 2) curricular commitments, needs, and opportunities (both at the departmental level and in relation to other programs, including the Gettysburg curriculum); 3) program enhancement, e.g., a new field of specialization within your program; and 4) 3-2 implementation. If applicable, please also provide information about special circumstances such as: contributions to curricular and faculty diversity, accreditation requirements, and/or special departmental circumstances relevant to the position. **Be sure to address why the particular specialization is needed or preferred.**

Categories (please indicate all that apply):

Enrollment Pressures (#1 above)

Not Applicable

Justification:

Curricular Integrity (#2 above)

Not Applicable

Justification:

Program Enhancement (#3 above)

Not Applicable

Justification:

3-2 Implementation (#4 above)

Not Applicable

Justification:

I have consulted with my department/program members in making this request.

Submitted by: _____ **Date:** _____

JCW:bjh
2/17/09