



ACADEMIC YEAR: _____

Division of Academic Affairs
1601 S. Martin Luther King Blvd.
Lee Hall/ Suite 300
Tallahassee, FL 32307

Instructor Intent to Apply Form

DIRECTIONS: Please provide the following information. (Print/type)

First Name: _____ Last Name: _____

College/School: _____

Department/ Division: _____

Current Rank: _____

By checking this box and signing below, I confirm my intent to apply for promotion and that I have read the eligibility requirements that indicate that no more than 20 instructor candidates will be considered during the annual application period. By submitting my intent, I understand that I may not be selected as a candidate for promotion this application cycle.

I am seeking promotion to: Associate Instructor University Instructor

Signature: _____

Date: _____

For Office Use ONLY

Form Received by: _____ Date: _____

Immediate Supervisor: _____ (Initials)