|  |  |  |
| --- | --- | --- |
| signature_649171297 |  | Bronx Community College – CUNY 2155 University Avenue  Bronx, New York 10453  www.bcc.cuny.edu  P: 718.289.5100 |

**Curriculum Vitae**

**For Non-Teaching Instructional Staff – College Laboratory Technicians**

Bronx Community College

INSERT NAME

**Name:** **College:**

INSERT DEPARTMENT

INSERT RANK

**Current Rank:** **Department:**

Application for (double-click the appropriate boxes and select “checked”):

Reappointment:

1st

2nd

3rd

4th

5th

Reappointment with Tenure

Promotion to:

Senior CLT

Chief CLT

Leave:

Fellowship Leave (Sabbatical)

Other: INSERT LEAVE TYPE

Action to take effect on: INSERT DATE (mm/dd/yyyy)

*For Tenure: 06/01/yyyy of next academic year*

*For Reappointment and Promotion: First day of classes in Fall semester  
For Leave: First day of classes of the semester the leave would begin*

**All items should be listed in reverse chronological order starting with most recent**

1. **Education**
   1. Degree(s) Earned

|  |  |  |  |
| --- | --- | --- | --- |
| Institution/Location | Degree & Major | Dates Attended (mm/yyyy - mm/yyyy) | Date Conferred  (mm/yyyy) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Additional Higher Education and/or Education in Progress

|  |  |  |  |
| --- | --- | --- | --- |
| Institution/Location | Degree & Major | Dates Attended (mm/yyyy - mm/yyyy) | Expected Date of Degree Conferral  (mm/yyyy) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Experience** (Last five years only. Do not abbreviate.)

|  |  |  |  |
| --- | --- | --- | --- |
| Institution/Location | Title | Department | Dates  (mm/yyyy - mm/yyyy) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Current Professional Licenses and/or Certifications** (Last five years only. Do not abbreviate.)

|  |  |  |
| --- | --- | --- |
| Item | Granted by | Date Awarded  (mm/yyyy) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Service** (Last five years only. Do not abbreviate.)

|  |  |
| --- | --- |
| Type of Service | Dates  (mm/yyyy - mm/yyyy) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Other Professional Activities or Professional Development** (Last five years only. Do not abbreviate.)

|  |  |
| --- | --- |
| Description | Dates  (mm/yyyy - mm/yyyy) |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Membership in Professional Societies** (Last five years only. Do not abbreviate.)

|  |  |
| --- | --- |
| Name of Society | Dates of Membership  (mm/yyyy - mm/yyyy) |
|  |  |
|  |  |
|  |  |
|  |  |

1. **References** For promotion to the rank of Chief CLT, at least three (3) confidential letters of reference must be provided. Letters of reference should be addressed to the President of BCC as the Chairperson of the College Personnel & Budget Committee.
2. **Annual Evaluation** (Attach most recent Annual Evaluation Conference Memorandum.)

I affirm that the information contained herein is true and accurate. I understand that any misrepresentation may cause the reversal of action taken on this recommendation for appointment, reappointment, or promotion.

INSERT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INSERT DATE

Candidate Name (Print) Candidate Signature Date