

## Tenure Review Evaluation Request for Change in Evaluation Timeline

All PC and Mac users please note: This form must be opened using Adobe Reader; any forms opened/used in "Preview Mode" will not function properly.

Date:			
То:	Vice President		
From:	Tenure Review Coordinator_		
This m	nemo is to notify you that a ter	nure review commit	tee is requesting a change in the timeline
for the	evaluation of a probationary	faculty member. Th	ne request is in accordance with the
Tenure	e Review & Faculty Evaluation	n Manual, Item 17.	
Name	of Candidate:		
Schoo	ol:		
candid	date and provide your response ason(s) that support your decis	e in writing to appro sion within five work	review committee members and the ve or disapprove the request along with ing days. The Tenure Review Coordinator ctive probationary faculty member.
	Signature of Tenure Review Co		Date
Respo	onse from Vice President		
	Signature of Vice Preside	ent	Date