

TIMELINE ADJUSTMENT REQUEST FOR PROMOTION AND/OR TENURE

FACULTY INFORMATION

Name: _____ U-Number: _____
First Middle Last (ex: U00123456)

Faculty's Current Rank: _____ Initial Date of Employment: _____

College/School: _____ Department: _____

PLEASE CHECK ONE (1):

☐ PROMOTION TIMELINE Number of years reduction being requested: _____

☐ TENURE TIMELINE Number of years reduction being requested: _____

Will this reduction result in a change in the mid-tenure review timing? ☐ YES ☐ NO
if YES, indicate the adjusted mid-tenure year (20XX): _____

☐ PROMOTION & TENURE TIMELINE Number of years reduction being requested: _____

Will this reduction result in a change in the mid-tenure review timing? ☐ YES ☐ NO
if YES, indicate the adjusted mid-tenure year (20XX): _____

☐ TENURE UPON APPOINTMENT

RECOMMEND APPROVAL

RECOMMENDED

Chair Signature

Date (MM/DD/YYYY)

☐ YES

Dean Signature

Date (MM/DD/YYYY)

☐ YES

Submit the following documents to provost@memphis.edu

- Completed/signed **Timeline Adjustment Request**
- Justification memo outlining rationale for Timeline Reduction, signed by dean
- Faculty CV

APPROVAL – to be completed by Provost's Office

APPROVED

Provost Signature

Date (MM/DD/YYYY)

☐ YES

If approved, the adjusted Promotion and/or Tenure will become effective fall of _____ (effective year)