

TIMELINE ADJUSTMENT REQUEST FOR PROMOTION AND/OR TENURE

FACULTY INFORMATION

Name: _____ Person Number: _____
First Middle Last

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	
		YES	NO
_____	_____		
Chair Signature	Date (MM/DD/YYYY)		
_____	_____		
Dean Signature	Date (MM/DD/YYYY)		

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	
		YES	NO
_____	_____		
Provost Signature	Date (MM/DD/YYYY)		

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