

TIMELINE ADJUSTMENT FOR PROMOTION AND/OR TENURE

(formerly known as "Tenure Reduction Form")

FACULTY INFORMATION		
NAME: FIRST MIDDLE	U-Numbei	R:
	LAST	U00123456
COLLEGE/SCHOOL:		
DEPARTMENT:		-
PLEASE CHECK ONE (1):		
☐ TENURE UPON APPOINTMENT**		
☐ PROMOTION TIMELINE	TIMELINE REDUCTION	YEAR(S)
■ TENURE TIMELINE *	TIMELINE REDUCTION	YEAR(S)
☐ TENURE & PROMOTION TIMELINE *	TIMELINE REDUCTION	YEAR(S)
* WILL THIS REDUCTION RESULT IN A CHANGE IN THE IN	DIVIDUAL'S MID-TENURE REVIEW TIN	∕IING? ☐ YES ☐ NO
IF <u>YES</u> , INDICATE THE ADJUSTED MID-TENURE YEAR:		
	EAR ONLY – 20XX)	
JUSTIFIC	ATION REQUIRED	
PLEASE SUBMIT YOUR CV AND JUSTIFICATIO	_	PROVOST@MEMPHIS.EDU.
**Please reference Section 4.9.3A in the Faculty Tenure Upon Appointment requires review from department/colleg		
RECOMMEND APPROVAL		
		RECOMMENDED
		YES
CHAIR SIGNATURE	Date (MM/D	D/YYYY)
DEAN SIGNATURE	DATE (MM/E	YES
	, ,	. ,
APPROVAL		
		APPROVED
PROVOST SIGNATURE	Date (MM/DI	D/YYYY) YES
THIS ADJUSTED TENURE AND/OR PROMOTION APPLICATION	• •	
* TOBE COMPLETED BY PROVOST	<u>(YEAR – 2</u>	20XX)