

FACULTY INFORMATION

NAME: _____ **U-NUMBER:** _____
FIRST MIDDLE 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 INDIVIDUAL’S MID-TENURE REVIEW TIMING? YES NO

IF YES, INDICATE THE ADJUSTED MID-TENURE YEAR: _____
(YEAR ONLY – 20XX)

JUSTIFICATION REQUIRED

PLEASE SUBMIT YOUR CV AND JUSTIFICATION, ALONG WITH THIS FORM TO PROVOST@MEMPHIS.EDU.

**Please reference [Section 4.9.3A in the Faculty Handbook](#) regarding procedures for Tenure Upon Appointment

RECOMMEND APPROVAL

RECOMMENDED

CHAIR SIGNATURE _____ DATE (MM/DD/YYYY) YES

DEAN SIGNATURE _____ DATE (MM/DD/YYYY) YES

APPROVAL

APPROVED

PROVOST SIGNATURE _____ DATE (MM/DD/YYYY) YES

***ADJUSTED TENURE AND/OR PROMOTION APPLICATION:** _____
*COMPLETED BY PROVOST (SEMESTER) (YEAR – 20XX)