

**Request for
Early Review for Tenure***

Date: _____

I am requesting that the Department Faculty Review Committee consider my candidacy for early tenure to Associate Professor during the next review period.

Name: _____

Department: _____

Current Rank: _____

Signature: _____

I acknowledge receipt of this request for review:

Department Chair sign and date

Dean sign and date

Applications must be filed with the Department Chair by January 15th of the year in which the applicant wishes to be considered for early review for tenure. **This request form will then be forwarded to the Office of the Provost and Vice President for Academic Affairs through the Dean's office by February 1st.**

**Form to be used for current associate professors without tenure seeking tenure*