

TIMELINE ADJUSTMENT FOR PROMOTION AND/OR TENURE

(formerly known as "Tenure Reduction Form")

FACULTY INFORMATION			
NAME: FIRST MIDDLE	U-NUMBER:		
		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 <u>YES</u> , INDICATE THE ADJUSTED MID-TENURE YEAR:			
	EAR ONLY – 20XX)		
JUSTIFIC	ATION REQUIRED		
PLEASE SUBMIT YOUR CV AND JUSTIFICATION	_	TO PROVOST@MEMF	PHIS.EDU.
**Please reference Section 4.9.3A in the Faculty Tenure Upon Appointment requires review from department/colleg			
RECOMMEND APPROVAL			
		F	RECOMMENDED
			☐ YES
CHAIR SIGNATURE	Date	E (MM/DD/YYYY)	
DEAN SIGNATURE	DATI	E (MM/DD/YYYY)	☐ YES
		,	
APPROVAL			
			APPROVED
PROVOST SIGNATURE	DATE	(MM/DD/YYYY)	☐ YES
THIS ADJUSTED TENURE AND/OR PROMOTION APPLICATION * TOBE COMPLETED BY PROVOST		EAR – 20XX)	