



ONE YEAR ODU TENURE DEFERMENT REQUEST

Name: _____ Position: _____
Hire Date: _____ College/Department: _____
Projected/Initial Tenure Date: _____
New/Requested Tenure Date: _____

Rationale for Tenure Deferral Request: _____

Attached:

- Letter of Request from faculty member with documentation

Signature of Applicant: _____ Date: _____
Department Chair: Recommended/Not Recommended Signature _____ Date: _____
College Dean: Recommended/Not Recommended Signature _____ Date: _____
Provost Signature: _____ Approval Date: _____

CC: Applicant
Provost
Academic Dean
Department Chair
Personnel File

November 2012

Please refer to the University's Tenure Policy and Procedure