



SYRACUSE UNIVERSITY
OFFICE OF ACADEMIC AFFAIRS

Candidate's Request for Tenure Review

The deadline for tenure review consideration is the date established by each school or college, but no later than March 1 of the year preceding the review.

College/School: _____

Department: _____

Name (please print): _____

Current Rank: _____ Date of past promotion at Syracuse University: _____

Highest Degree: _____ Date Awarded: _____

Institution: _____ Field: _____

Date of initial tenure-track appointment at Syracuse University: _____

I, _____, hereby request and agree that my tenure review be conducted in the next academic year, _____. I understand and agree that my tenure review shall be conducted pursuant to the Faculty Manual, including specifically, but not limited to, Sections 2.3 to 2.38. I further understand and agree to the following specifics:

1. I may be considered for tenure only once.
2. Once I submit this request, it becomes irrevocable and may not be withdrawn. I shall have no other opportunities to be considered for tenure at Syracuse University.

By requesting my tenure review in the next academic year, I agree to submit all required documentation and support in accordance with the deadlines and requirements of my school/college, so that the review may culminate in the next academic year.

Faculty Signature Date

Acknowledgment that request was received:

Vice Chancellor's Office Date

**Please submit the original signed form to 503 Crouse-Hinds Hall no later than March 1.
Retain a copy of this form for your records.**