



Syracuse University Candidate's Request for Tenure Review

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, Section 2.29. I further understand and agree to the following specifics from Section 2.29:

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 Once I submit this request, it becomes irrevocable and may not be withdrawn.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 provide original signed form to 503 Crouse Hinds Hall no later than March 1. Retain a copy of this form for your records.