

**SYRACUSE UNIVERSITY**

**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:

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 Once I submit this request, it becomes irrevocable and may not be withdrawn.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.**

Revised 2/23/18 - OAA