

Transmittal for Tenure Rollback Request

Date:

Name of Faculty Member:

UIN:

Tenure Code (Current Academic Year):

Unit(s):

College(s):

Previous Rollback(s): YES: [] NONE: []

If YES, Please explain when it occurred and why?

Reason(s) for Rollback (indicate below):

- Extended and/or severe personal illness
Compelling obligations to a member of the family or household that required significant time away from University duties
Childbirth or adoption
Compelling circumstances beyond faculty member's control (e.g., grave administrative error)
Other (Please Explain):

ATTACHMENTS

- Faculty member's current curriculum vitae
Faculty member's supporting documentation for the request
Letter of request from faculty member to unit executive officer
Letter of request from unit executive officer to Dean or Director
Letter of request from Dean or Director to Provost

APPROVALS: (For members who have joint appointments, recommendations must be approved by all units)

Unit Executive Officer: _____ Unit: _____
UEO Signature Date

Unit Executive Officer: _____ Unit: _____
UEO Signature Date

Dean: _____ College: _____
Dean's Signature Date

Dean: _____ College: _____
Dean's Signature Date

Provost Approval: _____
Provost or Designee Signature Date