

**AGREEMENT  
FOR  
CHANGE OF TENURE DATE**

FACULTY:

DEPARTMENT:

DATE HIRED:

CURRENT TENURE DATE:

REQUESTED TENURE DATE:

RATIONALE:

**AGREED:**

\_\_\_\_\_  
(name of faculty)  
(title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(name)  
Dean, (name of college)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(name)  
Chair, (name of department)

\_\_\_\_\_  
Date

\_\_\_\_\_  
R. Craig Schnell, Ph.D.  
Provost and Vice President Academic Affairs

\_\_\_\_\_  
Date