Transmittal for Tenure Rollback Request

In accordance with Provost Communication No. 16, please complete this transmittal, along with attachments, and submit to the Office of the Provost.

Date:

Name of faculty member:

UIN:

Current academic year:

Current tenure code:

Department/Unit:

College:

**Reason for rollback (indicate below):**

Extended and/or severe personal health condition

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:

# Attachments

* Faculty member’s current curriculum vitae (only in cases other than childbirth or adoption)
* 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.)

Department:

School:

College:

Department:

School:

College:

Provost/Designee Signature: 

Date: