

Waiver of Credit Toward Tenure or Promotion

By signing below, I acknowledge that I have elected to waive prior years of credit granted toward tenure and promotion. The number of prior years of credit I wish to waive is: _____.

I understand this decision makes me subject to the regular timeline and criteria for promotion and tenure as described in the college guidelines, and that any research, scholarship, creative, and professional activities that occurred in the waived years shall no longer count toward the fulfillment of expectations for promotion and tenure.

I understand it is my responsibility to meet with my Department Chair to determine whether, and how, this decision may affect subsequent expectations for Teaching, Scholarship, or Service, and to adjust my annual goals accordingly.

If I have completed pre-tenure review, it is my responsibility to determine whether, and how, this decision may affect any feedback or recommendations received through that process.

If I have not completed pre-tenure review, it is my responsibility to determine whether, and how, this decision may affect the timing of that process so that I may plan accordingly.

I understand that this decision requires signed approval by my Department Chair and, once signed into effect, nullifies any prior agreement about credit toward promotion and tenure. **This decision may not be reversed.**

Faculty Name (Print)

Faculty Signature

Date

Department Chair (Print)

Department Chair Signature

Date