Request for Suspension of Tenure Probationary Period

Request for a one-year suspension of probationary time period as outlined in Section II B 2, Paragraph 5 of the WU Policy on Academic Freedom, Responsibility and Tenure.

Date: ________________

Name: ________________________________

Department: ____________________________

Reason for Request: ____________________________

_____________________________________________________________________

Period of Suspension: Start Date: ________________

End Date: ________________

Requesting Faculty Signature: ________________________________ Date: ________

Step 1: Department Chair Approval (Signature and Date)
Step 2: Submit to Office of Faculty Affairs (Campus Box 8091)
Step 3: Associate Dean for Faculty Affairs (ADFA) and Dean to review
Step 4: If approved, ADFA and Dean to sign and return copies (as noted below)
Step 5: If not approved, ADFA will provide written explanation to requesting faculty member and Department Chair

Approval Signatures:

Department Chair: ________________________________ Date: ________________

ADFA: ________________________________ Date: ________________

Dean: ________________________________ Date: ________________

Cc: Requesting Faculty Member
Department Chair
Dianne Fikar, Human Resources