



### ONE YEAR ODU TENURE DEFERMENT REQUEST

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ College/Department: \_\_\_\_\_  
Projected/Initial Tenure Date: \_\_\_\_\_  
New/Requested Tenure Date: \_\_\_\_\_

Rationale for Tenure Deferment Request: \_\_\_\_\_  
\_\_\_\_\_

**Attached:**

- Letter of Request from faculty member with documentation

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair: Recommended/Not Recommended Signature \_\_\_\_\_ Date: \_\_\_\_\_  
College Dean: Recommended/Not Recommended Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Provost Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

CC: Applicant  
Provost  
Academic Dean  
Department Chair  
Personnel File

November 2012

**Please refer to the University's Tenure Policy and Procedure**