



FLORIDA STATE UNIVERSITY
OFFICE OF FACULTY DEVELOPMENT AND ADVANCEMENT

POST-TENURE REVIEW POSTPONEMENT REQUEST FORM

Please return completed form to FDA-FACULTY@FSU.EDU. FDA will obtain Provost approval.

NAME: _____ EMPLID: _____

DEPARTMENT/SCHOOL: _____

COLLEGE: _____ TITLE: _____

TENURE DATE: _____ DATE OF LAST PROMOTION: _____

REASON FOR REQUESTING POSTPONEMENT FOR ONE YEAR: _____

IF "SIGNIFICANT ADMINISTRATIVE DUTIES" (E.G. VICE PRESIDENT, DEAN, CHAIR, SCHOOL DIRECTOR) WITHIN THE LAST 5 YEARS, PLEASE EXPLAIN BELOW.

IF "OTHER," PLEASE EXPLAIN BELOW.

FACULTY SIGNATURE _____ DATE: _____

APPROVE

DO NOT APPROVE

PROVOST (OR DESIGNEE) _____ DATE: _____