



Tenure Review Upon Hire

Name of Faculty Member

Department

You will be reviewed for tenure during academic year _____

To acknowledge receipt of this agreement with the terms of this appointment, please sign the original and return it with your letter of acceptance.

Faculty Member

Print Name

Date

Upload completed form **with faculty member signature** to the DOF Portal. The department head, dean of the appropriate college, and dean of faculties will sign through the portal. If the prospective faculty member declines the offer, promptly inform the Dean of Faculties office.

Print