

## FOR TENURE-TRACK/TENURED FACULTY

Name:	Academic Year of Request:			
College:	Department:			
Rank:	Original Tenure Year:			
This form is required to be submitted by all tenconsidered for early tenure and/or early promotion to	otion to Associate Professor, or tenured			
Please carefully read the Tenure and Promotion the appropriate box(es) below, complete the justice and Dean support, sign, date, and send your current CV to the Office of Faculty Advance to Erin McNamara Horvat, Senior Vice Provemb346@drexel.edu) no later than March 1	ustification section, receive Department a completed copy of the form along with a cement at facultyaffairs@drexel.edu with a wost, Faculty Advancement			
I am requesting EARLY TEN	JRE consideration.			
I am requesting EARLY PROI consideration.	MOTION			
For early tenure review candidates only:				
I recognize that after going through the ea either be (1) to grant tenure or (2) to deny	•			
Signature of Faculty Member	 Date			

Ea	Early Review Justification						

Department Head Name	
Support	Do Not Support
Comment:	
Dean Name	
Support	Do Not Support
Comment:	