



Academic Affairs
Office of the Provost
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POST-TENURE REVIEW POSTPONEMENT REQUEST FORM

NAME: _____ Z NUMBER: _____

DEPARTMENT/SCHOOL: _____

COLLEGE: _____ TITLE/RANK: _____

TENURE DATE: _____ DATE OF LAST SPE/PTR (IF APPLICABLE): _____

REASON FOR REQUESTING POSTPONEMENT FOR ONE YEAR:

FACULTY SIGNATURE: _____ DATE: _____

SUPPORT DO NOT SUPPORT

DEPARTMENT CHAIR/SCHOOL DIRECTOR (IF APPLICABLE): _____

DATE: _____

SUPPORT DO NOT SUPPORT

DEAN: _____ DATE: _____

APPROVE DO NOT APPROVE

PROVOST (OR DESIGNEE): _____ DATE: _____