

NOTIFICATION OF APPLICATION FOR TENURE

NAME _____

DEPARTMENT _____

CHAIR/DIRECTOR _____

COLLEGE _____

DEAN _____

*(Faculty librarians indicate their most direct college affiliation
as agreed to with the Director of Library Services.)*

DATE OF FIRST APPOINTMENT AT MARYWOOD UNIVERSITY _____

ACADEMIC RANK PRESENTLY HELD _____

DATE OF PROMOTION TO PRESENT ACADEMIC RANK _____

CHAIR/DIRECTOR AND DEAN HAVE BEEN NOTIFIED OF MY INTENT TO APPLY: YES NO

Signature of Faculty Member DATE

*Submission Due Dates:
Fall: September 1
Spring: January 10*

*Applicants should submit this form electronically to the Chair of the Rank and Tenure Committee
on or before the due date.*