

COLLEGE of  
CHARLESTON  
Post-tenure Review Deferral Request

Candidate's name: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's department: \_\_\_\_\_

Candidate's rank: \_\_\_\_\_

Year for which review was originally scheduled: \_\_\_\_\_

Has candidate previously deferred this review?     No     Yes (Include the reason below)

Previous deferral reason: \_\_\_\_\_

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 **Requesting deferral for one year:** (Check one reason below.)

- Applying for promotion to Professor this year**
- On sabbatical leave during the academic year**
- On leave of absence during the academic year**
- Medical condition** (Please be prepared to provide documentation to Human Resources.)
- Other** (e.g., extenuating personal circumstances, an exceptional professional commitment)

**Please explain:** \_\_\_\_\_

**Indicating choice not to undergo review due to announced retirement within timeframe specified in *Faculty/Administration Manual*.** (Attach copy of letter indicating intent to retire, addressed to Dean and Chair and copied to Provost. Note: Going on the TERI plan is not considered retirement for purposes of post-tenure review. Faculty members on TERI who intend to work more than the *FAM*-specified timeframe must undergo post-tenure review.)

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\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PTR Committee Chair**

\_\_\_\_\_  
**Date**