

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: _____

 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, pandemic impacts)

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.)

Department Chair

Date

Dean

Date

PTR Committee Chair

Date