



Provost

Office of Faculty Affairs

1252 Memorial Drive, Ashe 235 Coral Gables, Florida 33146 Ph: 305-284-3386

Date

INITIATION OF SPECIAL TENURE REVIEW REQUEST

From R	esearch, Educator, or		at the fame of Froies.	<u>sor</u> to regular to	ith award of tenure.
Candidate's Na	me				
College/School					
Department (if applicable)					
Current Rank			Current Track		
Proposed Rank	:		Proposed Track		
VOTING Record the nun	nerical Departmental v	rote in the section	n below:		
Number of faculty eligible to vote on this case (ensure that all vote totals in the section below equal this number)					
•	Review for Award e Rank of Professor	Yes	No	Abstain	No Present
INSTRUCTION					
All paperwork r			order according to th	e checklist belov	w. Complete formal request
CHECKLIST					
	ing checklist to confirm			/Daara datadar	- d -: d\
Mer	Memorandum from the faculty requestor (addressed to the Chair/Dean, dated and signed)				
Mer	Memorandum of recommendation from the Chair (addressed to the Dean, dated and signed)				
Curi	Curriculum Vitae (UM template <u>here</u>)				
Ten					
	ure Slot Request Form	(for Miller Schoo	l of Medicine cases or	nly)	
For the Dean: F	ure Slot Request Form Please indicate in the so o, you may attach a seg	ection below you			re space than the one
For the Dean: F	Please indicate in the s	ection below you			re space than the one
For the Dean: F	Please indicate in the s	ection below you	r recommendation. If		re space than the one Date

Last revised: 1/22/2025 1

Signature