

REQUEST TO TRANSFER TENURE HOME DEPARTMENT

I.

Faculty Member's Name: _____

Faculty Member's Title: _____

Request Transfer from Current Tenure Home: _____

Request Transfer to Department of: _____

Signed: _____ Date: _____

Faculty member must initiate this transfer by submitting a formal request to his/her departmental chair and college dean specifying the reason for request to transfer tenure. A copy of the request must be attached to this request form.

Current Chair's/Head's signature of approval: _____ Date: _____

Current Dean's signature of approval: _____ Date: _____

II.

New tenure home department Chair's/Head's signature of approval:

Dean's signature of approval if transfer to new college: _____ Date: _____

Chair/Head of the new tenure home will provide the faculty member with an outline and apportionment of duties to be associated with the new appointment, and request the faculty member to indicate in writing his/her agreement. A copy of the agreement must be attached to this request form.

III.

If chair and dean approve, the chair will initiate a vote of the appropriate departmental faculty to accept the faculty member into the department.

Date of faculty vote: _____

Numerical results of faculty vote: YES: _____ NO: _____ ABSTAIN: _____

IV.

Final recommendation of chair/head on transfer: YES _____ NO _____

Final recommendation of dean on transfer: YES _____ NO: _____:

Date on which change in tenure home will be effective: _____

IV.

Approved: _____
Senior Vice Chancellor for Academic Affairs and/or Vice Chancellor for IANR

**This form and all attachments must be forwarded for approval, as appropriate, to:
Senior Vice Chancellor for Academic Affairs OR Vice Chancellor for IANR
208 Administration (0420) AgH 202 (0422)**