

**Request for**  
**TRANSFER FROM THE NON-TENURE TO THE TENURE TRACK**

Case Western Reserve University School of Medicine  
All materials to: Office of Faculty Affairs and Human Resources  
School of Medicine, W171, location code 4915  
Fax: 216/368-3013

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**MS Word Export To Multiple PDF Files Software - Please purchase license.** Faculty member: \_\_\_\_\_

First name

Middle initial

Last name

Degree

**Department of** \_\_\_\_\_  
(including location/affiliated hospital, if applicable)

**Academic rank** \_\_\_\_\_

**Application Check List**

(see **Faculty Appointments, Promotions and Tenure Procedures Manual** for more detail)

<http://casemed.case.edu/facultyaffairs/>

- Request for transfer to the tenure track (letter to the dean from chair of the department). This letter should explain the basis for the requested transfer.
- Faculty member's written request to be transferred
- Affirmative vote of the department committee on appointments, promotions, and tenure
- Faculty member's curriculum vitae