

**REQUEST FOR TRANSFER FROM THE NON-TENURE
TO THE TENURE TRACK**

A. Faculty member: _____
First name Middle initial Last name Degree

Department of _____
(including location/affiliated hospital, if applicable)

Academic rank _____

B. Attachments:

- 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 request to be transferred.
- Affirmative vote of the department committee on appointments, promotions, and tenure
- Faculty member's curriculum vitae

For faculty affairs office use:

Dean's transmittal letter _____

Provost's approval _____

Copy of approval to administrative services _____