

**DECLINATION OF EXCLUSION OF SERVICE TIME
FROM TENURE PROBATIONARY PERIOD**

*REQUEST MUST BE SUBMITTED BY APRIL 1 OF THE YEAR
IN WHICH MANDATORY PROMOTION & TENURE REVIEW IS PRESENTLY SCHEDULED.*

Name _____ TIU _____ College _____ Campus _____

Date of appointment at regular faculty rank _____ Date of request _____

DATE OF BIRTH OR ADOPTION: _____ AGE OF ADOPTED CHILD: _____

I decline an exclusion of time for this event.

Faculty Member's signature _____ **Date** _____

* * * * *

DATE

Regional campus dean/director (if applicable) _____

TIU Head _____

College Dean _____

Provost _____

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The Office of Academic Affairs will return a copy of this form to the faculty member acknowledging receipt of the form.