



FLORIDA STATE UNIVERSITY  
OFFICE OF FACULTY DEVELOPMENT AND ADVANCEMENT

**POST-TENURE REVIEW POSTPONEMENT REQUEST FORM**

PLEASE RETURN COMPLETED FORM TO [FDA-FACULTY@FSU.EDU](mailto:FDA-FACULTY@FSU.EDU).

NAME: \_\_\_\_\_ EMPLID: \_\_\_\_\_

DEPARTMENT/SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ TITLE: \_\_\_\_\_

TENURE DATE: \_\_\_\_\_ DATE OF LAST PROMOTION: \_\_\_\_\_

REASON FOR REQUESTING POSTPONEMENT FOR ONE YEAR: \_\_\_\_\_

IF "SIGNIFICANT ADMINISTRATIVE DUTIES" (E.G. VICE PRESIDENT, DEAN, CHAIR, SCHOOL DIRECTOR) WITHIN THE LAST 5 YEARS, PLEASE EXPLAIN BELOW.

IF "OTHER," PLEASE EXPLAIN BELOW.

FACULTY SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVE

DO NOT APPROVE

PROVOST (OR DESIGNEE) \_\_\_\_\_ DATE: \_\_\_\_\_