



**OFFICE OF FACULTY
DEVELOPMENT & ADVANCEMENT**

Post-Tenure Review Eligibility and Postponement Request Form

Choose Option A Or B Below And Please Return Completed Form To Fda-Faculty@Fsu.Edu To [FSU Nifty](#).

Name: _____ EMPLID: _____

Department/school: _____

College: _____ Title: _____

Tenure date: _____ Date of last promotion: _____

Option A. 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.

Option B. Requesting ineligibility due to retirement or departure from the university in the 2024-2025 academic year.

Yes _____

No _____

Faculty Signature _____ Date: _____

Approve _____

Do Not Approve _____

Provost (or designee) _____ Date: _____