

Five-Year Review Acknowledgment Of Choice Form

Dear Faculty	Mem	ber:
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After signing and dating below, please immediately send this form to your department chair or, if you are located at one of the regional campuses, to your regional campus dean. The department chair/regional campus dean will sign and submit the form to Faculty Affairs not later than **February 1, 2024**.

I acknowledge receipt of the enclosed information in regards to my five-year review and my tenure time-line. I am aware that I must choose between submitting a dossier for a five-year review in 2024 or I may waive the five-year review in favor of submitting a dossier for tenure later in 2024. My choice is recorded below.

	I will submit a Five-Year Review dossier by the deadline specified by my department/regional campus (Dean's Office due date 2/1/2024.		
	Or		
	I waive the Five-Year Review and choose instead to submit a tenure dossier the deadline specified by my department/regional campus (Dean's Office of date $7/1/2024$).		
Facu	lty Signature	- Date	
Facu	lty Printed Name	_	
•	artment Chair/Regional Campus Dean ature	Date	