## University of Oregon Tenure Reduction/Relinquishment Program APPLICATION

Name			Birth Date
Department/School/Unit			
July 1	ntment Period: nber 16 - June 15: - June 30: specify):		
Please check one option below.			
Option 1: Tenure Reduction			
Effective date of tenure reduction, typically at the end of a term. No later than: (Maximum of three years after year in which tenure reduction agreement is signed.) Requested number of years of part-time employment: (Maximum of five years for a total of five TRP appointments.) **Attach required addendum describing specific assignment.**			
Option 2: Tenure Relinquishment			
Effective date of tenure relinquishment, typically at the end of a term. No later than:			
Submitted by:	Signature	Date:	
Any tenure reduction or relinquishment agreement requires the approval of the Department Head and Dean in whose area the faculty member is employed. In submitting an application for tenure reduction, the faculty member agrees that his/her continued part-time employment is subject to the same Administrative Rules of the Oregon State Board of Higher Education and the University of Oregon as those applicable to full-time faculty members.			
Approved by:	Department Head Signature	Date:	

Date:

Date:

Approved by:

Senior Vice Provost Signature

Dean Signature

Approved by: