University of Oregon Tenure Reduction/Relinquishment Program APPLICATION

Name			Birth Date
Department/Sc	hool/Unit		
July 1 Other (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.) Option 2: Tenure Relinquishment Effective date of tenure relinquishment, typically at the end of a term. No later than:			
Submitted by:		Date: _	
Signature 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:	
Approved by:	Dean Signature	Date: _	
Approved by:		Date:	

Senior Vice Provost Signature