Name: __________________________________________________ Department: ________________________________

email: ___________________ Phone: ___________________

Nature of Challenge and Basis for it:

Action/Remedy requested:

Signature: ____________________________ Date: ____________________________
(retain a copy)

(IF TERMINATION, NON-PROMOTION, NON-RENEWAL OR FAILURE TO REVIEW FOR PROMOTION, SUBMIT DIRECTLY TO PROVOST]

DEPARTMENTAL REVIEW:  □ Completed (date): ______________

Meeting date (if any): ______________

Response and Rationale by department:

Departmental Signature: ____________________________ Date: ____________________________
(email to Instructional Faculty Member and retain a copy)

COLLEGE REVIEW:
Response and Rationale by college/division:  □ Completed (date): ______________

Collegiate Signature: ____________________________ Date: ____________________________
(email to Instructional Faculty Member and retain a copy)

PROVOST REVIEW:
Response and Rationale by Office of the Provost:  □ Completed (date): ______________

Signature of Provost or Designee: ____________________________ Date: ____________________________
(email to Instructional Faculty Member and retain a copy)