NON-SENATE ACADEMIC DEFERRAL OF REVIEW

Name:		ι	U nit:		
Current Title:		(Current Step:	Current Salar	y \$
Yrs at Rank:	Yrs at Step:	Date of Last Review	w:	Action:	
SUPERVISOR'S REQUEST TO DEFER REVIEW (Must include justification for deferral, date proposed for next advancement and Supervisor's plan to prepare candidate for advancement by the date proposed.)					
Supervisor's Signature			Date		
CANDIDATE'S ACKNOWLEDGEMENT (Candidate may provide statement addressing the justification stated above)					
Candidate's Signature			Date		
DIRECTOR'S REC	COMMENDATION	I conc	ur 🗆 I	concur w/changes	🗆 I do not concur
Comments					
Director's Signature			Date		
	OR'S FINAL DECIS	SION App		Approved w/changes	□ Not Approved
[Approved w/enanges	
Comments:					
Vice Chancellor for Resear	rch Signature		Date		