Name: _____

Employment Status (Check One): ☐ Regular ☐ Extension ☐ Librarian ☐ Special Title

College: _____ Department/School: _____

☐ **OPT-IN CHOICE. I elect to have my tenure review conducted under the policies and procedures articulated in the <u>new</u> Administrative Regulation (AR 2:1-1)**

.....

_____
Faculty Member Signature Date

_____
Department Chair Signature Date

_____
Dean Signature Date

_____
Provost Signature Date

UNIVERSITY OF KENTUCKY

If you will be reviewed for tenure before June 30, 2010, submit the form by October 30, 2009. Other eligible individuals my return this form by April 1, 2010.

Please submit this form to Margaret Leach in Office of Provost, 18 Main Building.