

OPT-IN FORM
FOR NEW PROMOTION/TENURE POLICY

Name:

Date:

By checking this box, I acknowledge the following: (a) I choose to opt-in to the new promotion/tenure policies that become effective with the 2017-18 academic year, found in Chapter 2 of the Faculty Handbook; (b) I may not change this selection; (c) opting in to the new policies does not allow for a combination of the two policies.

Signature: _____

Signed document must be scanned and e-mailed to the department chair (and administrative assistant, dean (and executive assistant), and the VPAA Office (rpvandiver@una.edu).