

**TENURED FACULTY  
TRANSFER REQUEST**

*Transfer type (Select appropriate one):* *This form must be received in HR by the following established deadlines:*

Within same discipline. May 1 for Fall Term and November 1 for Spring Term.

From one discipline to another. March 1 for Fall Term and September 1 for Spring Term.

*Name (Please print):*

*Colleague ID or SSN:*

**Current Assignment**

**Requested Assignment**

*Position Number:*

*Campus:*

*Position Number:*

*Campus:*

*Discipline:*

*Discipline:*

*Date of previous transfer, if any:*

*Signature:*

*Date:*

*Distribution:* Original- Human Resources Employment Office Copy - Current Dean

**Human Resources Verification**

Most recent  
satisfactory  
evaluation

*Date:*

*Evaluator name:*

Qualifications  
evaluated

*Date:*

*By:*

Last transfer

*Date:*

*Tenure Status:*

*Verified By:*

*Date forwarded to prospective Campus Pres.*

**Prospective Campus President or Dean**

Transfer  Approved

Denied

*Name and Signature:*

*Date:*

*Remarks:*

*Distribution:* Original - Human Resources, Employment Office  
Copy - VP Educ & Stu Devel, Current Dean, Faculty Member

*Date of final  
distribution:*