**Petition to Use Former Departmental Collegial Review Document (DCRD)**

(Must be completed on this electronic form and finalized by September 15.)

*Faculty Handbook Section 4.04 D 8:*

*Should criteria for reappointment, tenure and promotion be different from when the faculty member was previously reviewed, the individual may request special consideration by the appropriate department and/or college collegial review committee(s).*

Faculty Member Name:

Faculty Member’s 92#:

Department:       College:

Request for consideration of (check all that apply): [ ]  Reappointment [ ]  Tenure [ ]  Promotion [ ]  Post Tenure Review

Academic Year of Review:

Has a previous DCRD been approved for your review prior to this request (for review any previous year)?

[ ]  no [ ]  yes-(year:      )

Explain the need for using a previous DCRD for your review (text box below will expand as needed):

**Approvals and Signatures**

(textboxes will expand as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval needed** | **Printed name** | **Recommendation**  | **Signature and Date** |
| Department Collegial Review Committee (committee secretary records recommendation) |  | [ ]  approve[ ]  do not approve |  |
| Department Collegial Review Committee (DCRC) comments/conditions:       |
|  |
| **Approval needed** | **Printed name** | **Recommendation**  | **Signature and Date** |
| Department Head |  | [ ]  approve[ ]  do not approve |  |
| Department Head comments/conditions: [ ]  same as DCRC OR [ ]  I have discussed the following changes to the DCRC conditions with the candidate:      |
|  |
| **Approval needed (as appropriate per college)** | **Printed name** | **Recommendation** | **Signature and Date** |
| College Collegial Review Committee (committee secretary records recommendation) |  | [ ]  approve[ ]  do not approve |  |
| College Collegial Review Committee (CCRC) comments/conditions:       |
|  |
| **Approval needed** | **Printed name** | **Recommendation** | **Signature and Date** |
| Dean |  | [ ]  approve[ ]  do not approve |  |
| Dean’s comments/conditions: [ ]  same as CCRC OR [ ]  I have discussed the following changes to the CCRC conditions with the candidate:      |
|  |
| **Approval needed** | **Printed name** | **Decision**  | **Signature and Date** |
| Provost Decision |  | [ ]  approve[ ]  do not approve |
| Provost’s comments/conditions: [ ]  same as Dean OR [ ]  I have adjusted the conditions to be:      |

The Provost will scan this completed signature form and distribute to the candidate, department head, and dean.

The candidate will include this form in his/her file for reappointment, tenure and/or promotion.