**Deferral Request Form – Non-Senate Series**

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| --- | --- |
| Name |        |
| Department |        |
| Current Title and Step |        |
| Years at  | Rank:        Step:       |
| Enclosures (if applicable) |        |

Candidate’s Comments: (This section expands when filled out digitally)

I acknowledge that I am eligible for a review action and due to the reasons stated above, I am requesting a deferral for this academic year.

Signature Date

Supervisor’s Comments: (optional)

I support this request.

Signature Date

Chair’s Comments: (optional)

I support this request.

Signature Date