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

|  |  |
| --- | --- |
| 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