

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD CREDIT TOWARD TENURE REQUEST

Name:	Date:
Department:	·
School:	
affected department or equivalent unit, may gra- appointment to probationary status up to two (2)	contract, the President, upon recommendation by the nt to a faculty unit employee at the time of initial years service credit for probation based on previous previous full-time CSU employment, or comparable
************************	*********************
This form must be completed and returned to the de toward tenure. If we do not receive the form by Nove	partment chair immediately to be considered for credit ember 30. you will not receive credit toward tenure.
Yes, I would like to request credit toward tenure:	☐ One-Year Credit or ☐ Two-Years Credit
Experienced based on:	☐ Previous service at a post-secondary education institution
	□ Previous full-time CSU employment
	☐ Comparable experience
**************************************	**************************************
Faculty Member's signature	Date
Department Chair's signature (recommendation att	ached) Date
Dean's signature (recommendation attache	d) Date
Provost's signature (recommendation attache	ed) Date
President's approval	

Original: Faculty member Copy: Department Chair Copy: School Dean Copy: Provost