

# APPLICATION FOR IMMEDIATE BENEFITS FOR SURRENDER OF TENURE

Faculty Member's Full Legal Name:

College and Department:

Email Address:

Home Address and County:

Date of Birth:

By my signature below, I certify that:

1. I hereby irrevocably elect to accept Immediate Benefits for surrender of tenure as set forth in the Tenure Buyout Policy of Marquette University dated *September 1, 2016* (the "Policy") effective on the last day :

- a.  of this academic year May/June (Circle one) **OR**  
b.  of the fall academic term of the following academic year (December).

2. I have read the Policy and agree to adhere to all of its terms, conditions, and requirements.

3. To the best of my knowledge, I meet all of the qualifications to apply for Immediate Benefits as set forth in the Policy.

4. Contingent upon the approval of my application for Immediate Benefits, I hereby waive and surrender any and all right, title, or interest that I have or may have in tenure as of **[insert date]**. Further, I do hereby sell, surrender, and transfer my tenure rights to Marquette University as of **[insert date]**.

5. Upon approval of this Application by the Provost, I shall execute the Resignation and Release tendered to me by the Office of the Provost within fourteen (14) days of receipt. I understand that, if I fail to execute the Resignation and Release in a timely fashion, I will not be entitled to Immediate Benefits under the Policy, unless notified to the contrary in writing by the Provost. I also understand that once I submit this Application, I cannot withdraw it, and the University is not obligated to tender me an offer of appointment as a full-time member of the Regular Faculty for the next upcoming academic year.

		FOR OFFICE USE ONLY
Signature: _____ Date: _____ Faculty Member		Date Application Received:
Signature: _____ Date: _____ Provost		Date Action Taken and Action Taken:
		_____ Approved
		_____ Disapproved