

APPLICATION FOR FULL RETIREMENT BENEFITS FOR SURRENDER OF TENURE

Faculty Member's Full Legal Name:

College and Department:

Office Location and Email Address:

By my signature below, I certify that:

1. I hereby irrevocably elect to accept Full Retirement Benefits as set forth in the Benefits for Surrender of Tenure Policy of Marquette University dated (the "Policy") effective on the last day _____ of this academic year or _____ of the fall academic term of the next following academic year.
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 Full Retirement Benefits as set forth in the Policy.
4. 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 Full Retirement Benefits under the Policy, unless notified to the contrary in writing by the Provost. Notwithstanding the foregoing, I understand that, as set forth in the Policy and by virtue of this Application, whether or not I sign the Resignation and Release, the University is not obligated to tender to me an offer of appointment as a full-time member of the Regular Faculty for the next upcoming University academic year, unless this Application is expressly disapproved by the Provost. The only grounds for disapproval are a failure to meet the eligibility and notice requirements set forth in Policy.

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