

**HOFSTRA UNIVERSITY
TENURE PROBATIONARY PERIOD ESTABLISHMENT FORM**

Name: Hofstra ID:

Department: Rank:

Establishment of Tenure Probationary Period

From: To:

Chairperson's Signature: _____ Date:

Dean's Signature: _____ Date:

Position: Suffix:

Provost's Office Budget Review: _____ Date:

Provost's Signature: _____ Date:
