

**FACULTY NON-REAPPOINTMENT REVIEW PETITION (Section 604) FORM 001**

To file a petition for review under Section 604 of *The Code* of the University of North Carolina and NC State POL 05.25.1, this form (and any attachments) must be completed and submitted to the Faculty Grievance/Review Committee Chair either electronically or physically at the Faculty Senate Office. You must also serve a copy of this petition form on the respondent(s) within five (5) calendar days of filing the petition. As the petitioner, you are responsible for meeting the requirements stated in NC POL 05.25.1 for filing a petition for a non-reappointment review.

**PETITIONER INFORMATION**

**Name:** First \_\_\_\_\_ Middle initial \_\_\_\_ Last \_\_\_\_\_

Department \_\_\_\_\_ College \_\_\_\_\_

**Contact Information:** Campus Box \_\_\_\_\_ Campus Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**RESPONDENT INFORMATION**

[\*Note: The Provost is always a respondent for a non-reappointment review—other persons (i.e. Department Head, Dean) may be added as respondents if the person materially contributed to the violation of rights as alleged in the petition.]

Name and title of person(s) responsible for alleged improper decision (the “Respondent(s)“):

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Date of receipt of notification of denial of tenure or non-reappointment decision:

\_\_\_\_\_

**State the specific reason(s) for this petition: (Attach additional pages if necessary). Please be aware that your petition must meet the requirements of section 3 of NCSU POL 05.25.01 (Faculty Grievance and Non-Reappointment Review Policy).**

**STATEMENT OF NON-RETALIATION:** Faculty members have the right to use this procedure free from threats or acts of retaliation, coercion, restraint, discrimination, or reprisal. Faculty members may not be retaliated against for participating in a Non-Reappointment Review.

**CERTIFICATION:** I hereby certify that all information submitted on this Petition is true and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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For Internal Use Only:

Date Form Received \_\_\_\_\_

Received by: \_\_\_\_\_