

APPLICATION FOR PARTIAL RETIREMENT BENEFITS FOR SURRENDER OF TENURE

Name:

College and Department:

Office Location and Email Address:

By my signature below, I certify that:

1. I hereby irrevocably elect to accept Partial Retirement Benefits as set forth in the Benefits for Surrender of Tenure Policy of Marquette University dated June 4, 2012 , subject only to approval of the letter of appointment by me, my Chair, my Dean, and the Provost.
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 Partial Retirement Benefits as set forth in the Policy.
4. If agreement has not already been reached, I agree to negotiate in good faith with my Chair and my Dean concerning the duties and responsibilities to be assumed under the required letter of appointment.
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 Partial Retirement Benefits under the Policy, unless notified to the contrary in writing by the Provost. Notwithstanding the foregoing, I also understand that, as