

University of Wisconsin-Milwaukee

School/College: \_\_\_\_\_

### Request for Open/Closed Meeting

To: Chair of the Executive Committee

I acknowledge receipt of notification of review for promotion and/or tenure and I understand my rights under Wisconsin Statute 19.85. If I request an open meeting I understand that confidential letters of evaluation solicited from external reviewers cannot be used in my review. If I request an open meeting, non-confidential letters will be solicited and used.

My preferences for either an open or closed meeting when being reviewed are:

Departmental Executive Committee Review

\_\_\_\_\_ I desire an open meeting.

\_\_\_\_\_ I **do not** desire an open meeting.

Divisional Executive Committee Review

\_\_\_\_\_ I desire an open meeting.

\_\_\_\_\_ I **do not** desire an open meeting.

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Printed Name

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Signature

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Date