

Request to Stop Tenure Clock under Special/Extenuating Circumstances

Name: _____ Department: _____

Semesters requested: Fall _____ Spring _____

Justification: _____

Notes

New tenure review semester: _____

Required materials to be included with this form:

Request from employee

Recommendation from Chair

Recommend

Do not recommend

Dean

Date

Recommend _____

Do not recommend _____

Vice Provost for Faculty Affairs

Date

xc: Patricia Kane