## Request to Stop Tenure Clock

Name:		Department:				
Semesters	requested:	Fall:	Sprin	g		
Current ap	pointment:	1 <sup>st</sup> 2-year	2 <sup>nd</sup> 2-year	final 3-year	end date:	
New tenure	e review seme	ester:				
FOR CRIT	ICAL LIFE E	VENTS:				
Mate	-	y/Adoption/Foste plete this form	r Placement			
			Stop the Clock for	r Birth/Adoption/Fo	oster Care Placement of a	Child" form
- OR -	арро	• -	dd a note that clock		icating 'clock stop'' on the ternity/paternity/etc.	2
Perso	onal Illness/Inj	ury, or Care for ar	n Immediate Family	Member		
	<ul><li>Subm</li><li>Draft indica</li></ul>	an eptf changing t te 'clock stop' on	and Chair's recomm itle to Research Ass appointment screer ts to eptf and submi	istant Professor, ch เ	form nange tenure status to 'no	n-tenure,
FOR SPEC		ENUATING CIR	CUMSTANCES			
	<ul><li>Comple</li><li>Attach</li><li>We will</li><li>Affairs</li></ul>	faculty request ar I submit the reque for approval	est, along with the D	ndation to the form lean's recommenda	and submit to the Dean's ation, to the Vice Provost	for Faculty
			cle to Research Assis		inge tenure status to 'non S Review	-tenure,
PPROVAL						
I have re	viewed and s	upport this reques	t to stop the tenure	clock.		
 Chair's sign	nature		 Date	Associate	Dean's signature	Date