Request to Stop Tenure Clock Under Special 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: Dept. Chair

 Dean