

**Request for**  
**EXTENSION OF PRETENURE PERIOD**  
**Case Western Reserve University School of Medicine**  
**All materials to: Office of Faculty Affairs and Human Resources**  
**School of Medicine, W171, location code 4915**  
**Fax: 216/368-3013**

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**MS Word Export To Multiple PDF Files Software - Please purchase license.** Faculty member: \_\_\_\_\_  
First name Middle initial Last name Degree

**Department** \_\_\_\_\_

**Rank** \_\_\_\_\_

**Date of appointment as assistant professor** \_\_\_\_\_

**Have there been any previous pretenure extensions?** \_\_\_\_\_

**Application Check List**

(see **Faculty Appointments, Promotions and Tenure Procedures Manual for more detail**)

<http://casemed.case.edu/facultyaffairs/>

- Request for extension from the faculty member addressed to the department chair. This request must include the date(s) of the precipitating event.
- Affirmative vote of the department committee on appointments, promotions and tenure (not required for childbirth/adoption pretenure extensions that are requested within one year of the birth/adoption)
- Request for the extension from the department chair addressed to the dean.
- Faculty member's current curriculum vitae