

REQUEST FOR EXTENSION OF PRETENURE PERIOD

Deliver all materials to the Faculty Affairs Office
SOM T171

A. Faculty member: _____
First name Middle initial Last name Degree

Department _____

Rank _____

Date of appointment as assistant professor _____

Have there been any previous pretenure extensions? _____

B. Attachments:

- Request for the 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)
- Request for the extension from the department chair addressed to the dean.
- Faculty member's current curriculum vitae

For faculty affairs office use:

Dean's letter of support _____

Board of trustee approval _____

Copy of approval to administrative services _____