REQUEST FOR EXTENSION OF PROBATIONARY PERIOD

Except in extenuating circumstances, the “Request for Extension” form must be submitted within 90 days of the relevant event and prior to the deadline for submission of a tenure dossier.

Name _______________________________________________________   CWID __________________

College__________________________________   School/Department __________________________

Dates of your initial probationary period ______________________________________________________

Details of any previously approved changes in your probationary period ________________________
____________________________________________________________________________________

Date of revised penultimate year ______________________________________________________

Please check the appropriate box below and attach documentation of the relevant event or circumstances. In the case of a Discretionary Extension, a statement outlining the reasons for your request must also be attached. Faculty desiring to appeal a denial of a Discretionary Extension should follow the normal Grievance procedures outlined in Policy #1413.

☐ Routine Extension
   A tenure-track faculty member is eligible for - a one-year extension of the probationary period for the birth or adoption of a child, or the death of a spouse or child.

☐ Discretionary Extension
   A tenure-track faculty member may request a one-year extension of the probationary period for extraordinary circumstances beyond his or her control that would not fall under the Routine Extension category and that could significantly impede progress toward tenure.

SIGNATURES

Please attach additional comments/documentation as necessary. In the case of a denial, the Unit Head and Dean must include a written justification. Decision notification to faculty must be completed within 30 days of receipt of extension request.

_______________________________________  __________
Faculty Member                             Date

_______________________________________  __________  ☐ Approve   ☐ Deny
Unit Head (Dept/School)                    Date

_______________________________________  __________  ☐ Approve   ☐ Deny
Dean                                       Date

_______________________________________  __________  ☐ Approve   ☐ Deny
Vice President of Academic Affairs         Date

_______________________________________  __________  ☐ Approve   ☐ Deny
President                                  Date