REQUEST FOR EXTENSION
OF EIGHT-YEAR LIMIT

As provided in the Academic Personnel Manual, Section 133-17-h, you may request an Extension of the Eight-Year Limit on service as an Assistant Professor.

Name ___________________________ Department ___________________________

(Last, First, Middle Initial)

SECTION I: CHILDCARE

Check one box and list dates. This section should only be completed after the individual has had substantial child care responsibility. Requests for time off the tenure clock must be made within two years of a birth or adoption. Please attach a written request and a current history record.

☐ My child was born on ____________________________.
   date

☐ My child was newly adopted on ____________________________.
   date

I had responsibility for substantial child care from dates ____________________________ to ____________________________.

SECTION II: OTHER REASON(S)

Check one box and list dates. Please attach a written request and a current history record.

☐ Sick Leave, dates ____________________________ to ____________________________.

☐ Non-Academically related activity, dates ____________________________ to ____________________________.

☐ Other, dates ____________________________ to ____________________________.

SECTION III: PREVIOUS EXTENSIONS

Have you been approved for a previous extension? ☐ Yes ☐ No If yes, please explain and list the dates:

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

Signature ___________________________ Date ___________________________

Department Chair ___________________________ Date ___________________________

Dean ___________________________ Date ___________________________

Chancellor’s Approval ___________________________ Date ___________________________

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