COVID-19 Pandemic Tenure-Clock Extension Request

Date:		
Faculty Member's Name:		
Department:		
College:		
Currently Scheduled Tenure	Review Year:	
	n of my pre-tenure probationar impeded my normal progress	ry period because the COVID-19 toward tenure."
Requested Extension: ☐ One Year ☐ Two Years		
The pandemic impacted my progress toward tenure by (check all that apply): Limiting access to material resources, such as a lab or physical archive Significantly decreasing the time available for research and teaching preparation Leading to cancellation of professional meetings/events important for my tenure file Causing a delay in grant or funding deadlines and/or decisions Other:		
Please briefly describe how normal progress toward ten	·	ve substantially impeded [your]
Candidate Signature		Date
Approvals:		
Department Chair/Director Sign	nature	Date
Dean Signature		Date
Senior Vice President (designe	ee) Signature	Date

Please email form to <u>Receive.3hcmg28bghezovrb@u.box.com</u> for SVP approval. Requests for clock extensions must be submitted by December 1, 2020