

College of Arts & Sciences
Covid-19 Tenure # Extension Request Form

Faculty Name (print):

Department :

Current Tenure Consideration Year:

..... I want to a Covid-19 Tenure # Extension:

..... One-year extension to my tenure clock (automatic approval)

..... Two-year extension to my tenure clock (full justification attached)

Faculty Member Signature

Date of Signature

Dept Head) Signature of Approval ...

Date of Signature

College Office Signature of Approval

Date of Signature