

**TENURE CLOCK EXTENSION FORM**

Name \_\_\_\_\_

Department \_\_\_\_\_ College/School \_\_\_\_\_

Dates of your initial probationary period \_\_\_\_\_

Details of any previously approved changes in your probationary period \_\_\_\_\_  
\_\_\_\_\_

*Please check the appropriate box below and attach documentation of the relevant event or circumstances. In the case of a Requested Extension, please also attach a statement outlining the reasons for your request. For more information, see the Faculty Handbook 3.4.1.1 at <http://www.scu.edu/provost/policies/facultyhandbook06.cfm>.*

- Automatic Extension**  
A tenure-track faculty member is eligible for an automatic one-year extension of the probationary period for the birth or adoption of a child, or the death of a spouse, domestic partner, or child.
- Requested Extension**  
A tenure-track faculty member may request a one-year extension of the probationary period for his or her serious health condition; for a serious health condition of her or his child, spouse, domestic partner, or parent; or for other extraordinary circumstances beyond her or his control that could significantly impede progress toward tenure.

**SIGNATURES**

*Please attach additional comments as necessary. In the case of a denial, the department chair and dean must include a written justification.*

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

Approve  Deny\*

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

Approve  Deny\*

\_\_\_\_\_  
Provost

\_\_\_\_\_  
Date

Approve  Deny\*

\* Note that approval is automatic in cases of childbirth or adoption, or the death of a spouse, domestic partner, or child.