



Tenure Clock Extension Request

(Only for Regular Tenure Earning Faculty)

Please ensure that your petition meets the criteria set forth in the [Faculty Manual](#) (section C5.5).
Tenure clock extension requests must be submitted to the Office of Faculty Affairs
(facultyaffairs@miami.edu) for approval.

General Information

School/College

Department
(if applicable)

Faculty Name

Rank

Start Date
(in current Rank)

Current Midpoint Review Due **Spring** _____
Year

Current Final Review Due **Fall** _____
Year

For Miller School of Medicine cases, also include the current Promotion to Associate Professor Due **Fall** _____
(tenure-earning) Year

Requestor

Please indicate in the section below the reason(s) for your request and enclose a copy of your current curriculum vitae.
If you require more space than the one provided below, you may attach a separate memo.

Faculty Requestor Name

Signature

Date

Chair (if applicable)

Please indicate in the section below your recommendation. If you require more space than the one provided below, you may attach a separate memo.

Chair Name

Signature

Date

Dean

Please indicate in the section below your recommendation. If you require more space than the one provided below, you may attach a separate memo.

Dean Name

Signature

Date

Approval

Vice Provost for Faculty Affairs Name

Signature

Date