

FACULTY INFORMATION

NAME: _____ U-NUMBER: _____
FIRST MIDDLE LAST U00123456COLLEGE/SCHOOL: _____
(HOME TENURE)DEPARTMENT: _____
(HOME TENURE)APPOINTMENT START DATE: _____ CURRENT END OF PROBATION PERIOD: _____
(MM/DD/YYYY) (MONTH/YEAR)WILL THIS REQUEST RESULT IN A CHANGE IN THE INDIVIDUAL'S MID-TENURE REVIEW TIMING? YES NOIF **YES**, INDICATE THE ADJUSTED MID-TENURE YEAR: _____
(YEAR ONLY – 20XX)**JUSTIFICATION REQUIRED****Please submit justification from faculty or chair, along with this form, to provost@memphis.edu.****NOTE:** THIS REQUEST IS FOR ONE (1) YEAR.

IF ADDITIONAL TIME IS NEEDED, A NEW STOP THE CLOCK REQUEST FORM, INCLUDING JUSTIFICATION & APPROVAL SIGNATURES, WILL BE REQUIRED.

RECOMMEND APPROVAL

		RECOMMENDED
CHAIR SIGNATURE _____	DATE (MM/DD/YYYY) _____	<input type="checkbox"/> YES
DEAN SIGNATURE _____	DATE (MM/DD/YYYY) _____	<input type="checkbox"/> YES

APPROVAL

		APPROVED
PROVOST SIGNATURE _____	DATE (MM/DD/YYYY) _____	<input type="checkbox"/> YES

***ADJUSTED PROBATION SEMESTER & YEAR:** _____
*COMPLETED BY PROVOST (SEMESTER) (YEAR – 20XX)