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**Request for Promotion and/or Tenure Extension**

Submission: email the signed form to [provost@uidaho.edu](mailto:provost@uidaho.edu)

Deadline: March 15 of the calendar year in which the review process is scheduled to begin.

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| Name: |  | | V#: |  | |
| Dept: |  | | College: |  | |
| Current Status: | NTT Assistant NTT Associate TT Associate  TT Assistant Tenured Associate Instructor | | | | |
| Requesting Extension of: | Promotion  Tenure  Both | | | | |
| Current year scheduled for consideration: | AY YYYY/YYYY | I am requesting to be considered in: | | | AY YYYY/YYYY |
| Please select the reason for requesting an extension:  Childbirth or Adoption (see [FSH 3500 C-4. a](https://www.webpages.uidaho.edu/fsh/3500.html#C.))  Other Circumstances (see [FSH 3500 C-4. b](https://www.webpages.uidaho.edu/fsh/3500.html#C.)) | | | | | |
| An approved extension prior to your third-year review will result in a 1 year delay to your third year review (see [FSH 3500 C-4.c](https://www.webpages.uidaho.edu/fsh/3500.html#C.)). | | | | | |
| To ensure confidentiality:  Please attach a brief explanation of your need for extension  Please attach appropriate documentation of childbirth, adoption, or an exceptional circumstance. | | | | | |

Relevant Policy: [FSH 3500 C. SCHEDULE FOR PROMOTION AND TENURE CONSIDERATION](https://www.webpages.uidaho.edu/fsh/3500.html#C.).

Except to obtain necessary consultative assistance on medical or legal issues, only the provost shall have access to documentation pertaining to a request related to disability or chronic illness. The provost shall, in his or her discretion, determine if consultation with the dean and/or unit administrator is appropriate.

The provost shall notify the faculty member, unit administrator, and dean of the action taken. No information regarding extensions shall be included in the candidate’s P&T dossier.

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| For Provost Office Use Only | |
| Approved | Not Approved |
| Comments and Provost Office Signatures: | |

CC response: faculty member, unit administrator, dean, and faculty file