

**WEST VIRGINIA UNIVERSITY
REQUEST FOR EXTENSION OF THE TENURE CLOCK
BOARD OF GOVERNORS RULE 4.5**

***Before completing this request, please read in full BOG Rule 4.5 so you are aware of the processes and expectations associated with an extension.*

Name: _____

Rank: _____

Department: _____

College/School: _____

Date of first appointment to the tenure track position: _____

Critical year specified in initial appointment letter: _____
Please attach a copy of that letter.

Critical year specified in subsequent modifications of initial appointment, if any: _____
Please attach a copy of any modification letters.

Please indicate the basis of your request. See Sections 3.1 and 3.2 of Rule 4.5 for a detailed explanation of the possible bases and applicable time frames for an extension.

_____ One-year extension due to birth of child or adoption and guardianship of child.
Extension will be awarded if all qualifying conditions are met.

_____ Date of birth or arrival of child

_____ One-year extension for extenuating non-professional circumstances that have significant impact on productivity. Extension may be awarded if all qualifying conditions are met.

_____ One-year extension for exceptional professional circumstances not of the faculty member's own making during the faculty member's first year on the tenure track. Extension may be awarded if all qualifying conditions are met.

REQUEST FOR EXTENSION OF THE TENURE CLOCK CONT.

I have read BOG Rule 4.5 and understand and agree to the provisions applying to my request. For these purposes, I understand that I will continue as a 1.00 Full-Time Equivalent faculty member.

BOG Rule 4.5 allows up to three extensions prior to your critical year. It also states that "An extension of the probationary period in no way limits the right of the University to terminate a probationary appointment prior to a faculty member's critical year, should circumstances warrant such action."

In signing this, you are acknowledging that the change in your critical year does not result in automatic or de facto tenure. Your review during your critical year will be that normally conducted for faculty members seeking an award of tenure.

Signature

Date

I have reviewed and recommend approval of this request.

Chair/Director Signature
Comments:

Date

Dean Signature
Comments:

Date

This request has been approved. The faculty member's new critical year is _____.

Provost/Vice President Signature

Date