



Tenure Clock Extension Request Form For Investigator Track Faculty Only

Faculty Member

Date of Request:

Name:

Faculty Rank and Track:

Department:

Life Number:

Email address:

This is my:

First request

Second request

Please indicate approval date of first request:

Reason for tenure clock extension request:

Major change in family-care responsibilities, e.g., child birth or adoption;
assumption of primary care giving role for an immediate family member

Other compelling personal circumstances that have a significant impact on
productivity

Faculty Member Signature:

Department Chair Signature:

Please email this signed form to apmailbox@mssm.edu. You will receive email confirmation when the request has been approved and entered into your faculty record.

Dean's Office

Date of hire:

Date of appointment to current rank:

Original end date for years at current rank:

Adjusted end date for possible maximum years at current rank:

Dean's Office Signature: