**Office of the Provost and Senior Vice President**

Request for Tenure Review or Reappointment Extension

To submit an extension request, complete and submit the form below via the college personnel office to **provostoffice@csuohio.edu****,** preferably as a scanned email attachment. Upon provost approval, a copy will be forwarded to the dean, who will return a signed copy to the department chair/school director and faculty member. The department or college should then initiate changing the contract end date and mandatory review date in the personnel system.

Requests for extension of the probationary period may be submitted at any point in the first five years of the probationary period, but no later than **March 1 of the year before the tenure or reappointment decision year (most often the fifth year).**

|  |  |
| --- | --- |
| Faculty Member’s Name and Rank: | NAME | RANK |
| College | Department: | COLLEGE | DEPT |
| Contract (select an option): |  |
| Appointment Begin Date: | BEGIN DATE |
| Current Appointment End Date | \*Current Review: | END DATE | REVIEW |
| \*When is the faculty member’s mandatory review currently scheduled to take place?, e.g., 2019-2020 Cycle. |
| Proposed Appointment End Date | Proposed Review: | PROPOSED END DATE | PROPOSED REVIEW |
| \*\*Reason for Extension: | e.g., FMLA  |
|  |  |

\*\*Provide justification below for the requested extension. The reason should be consistent with the CSU-AAUP Article 12.11 A (4) with the exception of the COVID-19 interruption. In addition, if the basis for this request is for medical purposes, contact Human Resources.

**1. Justification for the extension request**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the review for reappointment, promotion, or tenure will be adjusted as outlined above.

|  |
| --- |
|  |

Faculty Member Signature Printed Name Date

|  |
| --- |
|  |

Department Head / School Director Signature Printed Name Date

|  |
| --- |
|  |

Dean Signature Printed Name Date

|  |  |
| --- | --- |
|  |  |

Provost and Chief Academic Officer Signature Printed Name Date