



REQUEST FOR EXTENSION OF THE EIGHT-YEAR PROBATIONARY PERIOD (OTHER THAN CHILD CARE)

As provided in the Academic Personnel Manual, Section 133-17, you may request an Extension of the Eight-Year Probationary Period on service as an Assistant Professor.

Name _____ **Department** _____
(Last, First, Middle Initial)

Reason for Extension

Check one box and list dates. **Please attach a written request and a current history record.**

- Sick Leave, dates _____ to _____.
- Non-Academically related activity, dates _____ to _____.
- Other, dates _____ to _____.

Have you been approved for a previous extension?

Yes No If yes, please explain and list the dates:

Signature Date

Department Chair Date

Dean Date

Chancellor's Approval Date

**Please attach a written request and a current history.
Forward to your Dean's Office for signature.**