Santa Clara University
Office of the Provost

TENURE CLOCK EXTENSION FORM

Name_____

Department_____ **College/School**_____

Dates of your initial probationary period_____

Details of any previously approved changes in your probationary period_____
_____

Please check the appropriate box below and attach documentation of the relevant event or circumstances. In the case of a Requested Extension, please also attach a statement outlining the reasons for your request. For more information, see the Faculty Handbook 3.4.1.1 at http://www.scu.edu/provost/policies/facultyhandbook06.cfm.

☐ **Automatic Extension**
A tenure-track faculty member is eligible for an automatic one-year extension of the probationary period for the birth or adoption of a child, or the death of a spouse, domestic partner, or child.

☐ **Requested Extension**
A tenure-track faculty member may request a one-year extension of the probationary period for his or her serious health condition; for a serious health condition of her or his child, spouse, domestic partner, or parent; or for other extraordinary circumstances beyond her or his control that could significantly impede progress toward tenure.

SIGNATURES
Please attach additional comments as necessary. In the case of a denial, the department chair and dean must include a written justification.

_____ Faculty Member	_____ Date	
_____ Department Chair	_____ Date	☐ Approve ☐ Deny*
_____ Dean	_____ Date	☐ Approve ☐ Deny*
_____ Provost	_____ Date	☐ Approve ☐ Deny*

* Note that approval is automatic in cases of childbirth or adoption, or the death of a spouse, domestic partner, or child.