



**SOUTHEAST MISSOURI**  
**STATE UNIVERSITY · 1873**  
Office of the Provost

**Request to Opt-In to Tenure Clock Extension**

This application is used to request a voluntary extension of one (1) year of the probationary period for tenure.  
The completed application form must be submitted to the Provost Office by **August 31, 2020**.

Directions: The application must be completed by the faculty member making the request and emailed to their department chair for endorsement. To complete the application, download the document, then open and fill in Adobe Acrobat or Reader. *After digitally signing the form, please forward to the next person for signature.*

*Notification will be sent to the requester and other signatories after Provost Review.*

Faculty Member Name: \_\_\_\_\_

SE#: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

Faculty Rank: \_\_\_\_\_

Date of 1<sup>st</sup> appointment to tenure-track position: \_\_\_\_\_

Current Tenure Review Date: \_\_\_\_\_

Reason for Extension Request (1000 character limit):

The faculty member hereby agrees to voluntarily accept the opt-in extension of the probationary period and no claim is made by the faculty member to any tenure rights as a result of the extension of the probationary period. Further, the faculty member acknowledges that any decision for tenure shall be made during the probationary period as extended, using procedures normally applied during the initial period. Opt-in for a one-year extension cannot be revoked.

I understand the review for tenure will be adjusted as outlined above.

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Faculty Member Signature

Date

Chairperson Endorsement:

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Chairperson Signature

Date

Dean Endorsement:

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Dean Signature

Date

Provost Approval:

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Provost Signature

Date