

REQUEST FOR PRE-TENURE PERIOD EXTENSION

Name:	Academic Year of Request:
College:	Current Rank:
Department:	Original Review Year:

This form is required to be submitted by all tenure-track faculty members who wish to request a one-year extension of their pre-tenure period due to exceptional circumstances, as outlined in the [Tenure and Promotion policy](#).

Complete the form, including obtaining Department Head (if applicable) and Dean support, and send the completed form to Michelle Wall (mkw28@drexel.edu) with a cc to facultyaffairs@drexel.edu. If you have questions or concerns, please contact Michelle Wall.

Please provide the rationale for your request:

Department Head:

Support:

Do Not Support:

Optional Comment:

Dean:

Support

Do Not Support

Optional Comment:

****If you are applying for FMLA Leave, please include appropriate paperwork with this form.***