

STOP THE CLOCK REQUEST for Promotion and/or Tenure

NOTE: This request is for one (1) year.

If additional time is needed in the future, a new **Stop the Clock Request**, including justification memo and approval signatures is required.

FACULTY INFORMATION

Name: _____ **U-Number:** _____
First Middle Last (ex: U00123456)

Faculty member's Current Rank: _____

College/School: _____ **Department:** _____

Appointment Start Date: _____ **Current End of Probation Period:** _____
(mm/dd/yyyy) (month/year)

Does the faculty member have a previously approved Stop the Clock request? ☒ YES ☐ NO
If YES, attach the previously approved request

Will this request result in a change of the faculty member's Mid-Tenure Review Timing? ☐ YES ☒ NO
If YES, indicate the adjusted Mid-Tenure year: _____

RECOMMEND APPROVAL

		RECOMMENDED	
_____ Chair Signature	_____ Date (MM/DD/YYYY)	<input type="radio"/> YES	<input checked="" type="radio"/> NO
_____ Dean Signature	_____ Date (MM/DD/YYYY)	<input type="radio"/> YES	<input checked="" type="radio"/> NO

Submit the following documents to provost@memphis.edu

- Completed/signed **Stop the Clock Request**
- Memo from faculty requesting Stop the Clock and their justification
- Memo from Chair and Dean with justification of their recommendation
- Attach previously approved **Stop the Clock Request** (if applicable)

APPROVAL – to be completed by Provost's Office

		APPROVED
_____ Provost Signature	_____ Date (MM/DD/YYYY)	<input type="checkbox"/> YES

Adjusted Probation Semester/Year: _____
Semester Year