



# 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:** \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**U-Number:** \_\_\_\_\_  
(ex: U00123456)

**Faculty member's Current Rank:** \_\_\_\_\_

**College/School:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Appointment Start Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**Current End of Probation Period:** \_\_\_\_\_  
(month/year)

**Does the faculty member have a previously approved Stop the Clock request?**  
If YES, attach the previously approved request

YES  NO

**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

Chair Signature \_\_\_\_\_

**RECOMMENDED**  
 YES  NO  
Date (MM/DD/YYYY) \_\_\_\_\_

Dean Signature \_\_\_\_\_

YES  NO  
Date (MM/DD/YYYY) \_\_\_\_\_

**Submit the following documents to [provost@memphis.edu](mailto: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

Provost Signature \_\_\_\_\_

**APPROVED**  
 YES  
Date (MM/DD/YYYY) \_\_\_\_\_

**Adjusted Probation Semester/Year:** \_\_\_\_\_  
Semester \_\_\_\_\_

Year \_\_\_\_\_