

POST-TENURE REVIEW EXTENSION FORM

USC Columbia

Faculty Member Name: _____ Rank: _____

College/School: _____ Department: _____

Campus Address: _____ Campus Phone: _____

Tenure Date: _____ Date of Last Review: _____

If your scheduled post-tenure review has been extended previously, please indicate the approval date(s) of the extension(s): _____

Please review the description below and attach the required documentation of the relevant event or circumstances (i.e., birth certificate, physician's certification, etc.) *(Letters of request and certification documents should not include any specific information regarding medical history of the faculty member or a family member, including specific manifestation of diseases and disorders.)*

Requested Extension of a Scheduled Post-Tenure Review

All full-time tenured faculty members are eligible for a requested one-year extension of a scheduled post-tenure review for the following reasons: birth or adoption of a child, placement of a foster child, serious illness of the faculty member, serious illness or death of the faculty member's spouse/partner, child or parent; or other relevant circumstances upon approval. The form must be submitted within twelve months of the related event."

The full policy University Policy ACAF 1.31 Extension of Faculty Tenure-Track Probationary Period and Scheduled Post-Tenure Review is available online at www.sc.edu/policies/acaf131.pdf.

The following documents must be attached to this form before submitting to academic unit head. *(Letters of request and certification documents should not include any specific information regarding medical history of the faculty member or a family member, including specific manifestation of diseases and disorders.)*

- Copy of relevant documentation of life event (i.e., birth certificate, adoption papers, physician's certification, etc.)
- Letter of request and justification from the faculty member

Faculty Member Signature

Date

Required Approvals *(Please attach additional comments as necessary. In the case of a denial, a written justification is required. All forms must be forwarded through the entire chain of approval to the Provost Office.)*

Chair of Department *(and Chair of Second Department if joint)*

Date

Approve Deny

College/School Dean *(and Second College/School Dean if joint)*

Date

Approve Deny

Vice Provost

Date

Approve Deny

Form received by USC Division of Human Resources (Columbia)

Date