

REQUEST TO STOP-THE- CLOCK FORM

This form is to request an extension of one (1) year of the probationary period in accordance with [UNT Policy 06.004](#) (Faculty Reappointment, Tenure, and Promotion).

To: Department Chair

Faculty Name: _____

Faculty UNT ID#: _____

Department/School: _____

College/Division: _____

Current Tenure Review Date: Fall/Spring _____

Extended Tenure Review Date: Fall/Spring _____

Explanation:

Please submit additional documentation if necessary and forward to your department chair for review.