I. FACULTY INFORMATION

NAME:	EMAIL:
COLLEGE:	DEPARTMENT:

II. RANK

Check box next to appropriate rank

	Assistant Professor	Associate Professor
	713313141111110103301	7.55001410110105501

III. CURRENT AND PROPOSED DATES

Use the mm/dd/yyyy format for your answers

Date of Current Appointment	
Current Date for Mandatory Review	
Proposed Review Date (Academic Year)	

Is this your first extension request?

Check box next to appropriate response.

Yes - proceed to 'Faculty Member's Justification'	
No - complete request date(s) below & continue to 'Faculty Member's Justification'	

Use the mm/dd/yyyy format for your answers

First Request Date	
Second Request Date	

IV. FACULTY JUSTIFICATION

Per HIPAA regulations, please pro	oviae your explanation without compromising your privacy.
V. CHAIR APPROVAL	
Is this request supported by	the Chair? If not, form must still be submitted for review.
I support this request	I do not support this request
	
Chair's Comments	
Department Chair's Signature	Printed Name and Date

VI. DEAN APPROVAL

Is this request supported by the Dean? I	f not, form must still be	submitted for review.

	I support this request	I do not support this request	
Dea	n's Comments		
Dog	o's Signaturo	Printed Name and I	
Deal	n's Signature	Printed Name and i	Jale
	DDOLLOCT ADDDOLLA		
VII	. PROVOST APPROVA	L	
Prov	ost's Signature	Printed Name and I	Date

VIII. SIGNATURE AND ROUTING INSTRUCTIONS

We are encouraging the use of DocuSign for electronic signatures and routing. Once the Dean has reviewed and signed the form, please route to David Williams, dwill267@uncc.edu in the Academic Affairs Budget and Personnel Office via DocuSign. Instructions for using DocuSign can be found here on the University's FAQ website.