I. FACULTY INFORMATION

NAME:	EMAIL:
COLLEGE:	DEPARTMENT:

II. RANK

Check box next to appropriate rank

	Assistant Professor		Associate Professor

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 provide 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? *If not, form must still be submitted for review.*

	I support this request		I do not support this request

Dean's Comments

_____   **_____**
Dean's Signature   Printed Name and Date

VII. PROVOST APPROVAL

_____   **_____**
Provost's Signature   Printed Name and 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 the Office of Academic Affairs personnel team at aa-personnel@uncc.edu via DocuSign. Instructions for using DocuSign can be found here on the University's FAQ website.