

**EXTENSION OF PRETENURE PERIOD CHECKLIST**

Case Western Reserve University School of Medicine

Submit all materials to: [somFacultyApptMaterials@case.edu](mailto:somFacultyApptMaterials@case.edu)

Forms, templates, and more detail: <http://casemed.case.edu/facultyaffairs/>

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Faculty member: \_\_\_\_\_  
First name Middle initial Last name Degree

Department \_\_\_\_\_

Rank \_\_\_\_\_

Date of appointment as assistant professor \_\_\_\_\_

Have there been any previous pretenure extensions? \_\_\_\_\_

**Application Check List**

(see Faculty Appointments, Promotions and Tenure Procedures Manual for more detail)

<http://casemed.case.edu/facultyaffairs/>

- Request for extension from the faculty member addressed to the department chair. This request must include the date(s) of the precipitating event.
- Affirmative vote of the department committee on appointments, promotions and tenure (not required for childbirth/adoption pretenure extensions that are requested within one year of the birth/adoption)
- Request for the extension from the department chair addressed to the dean.
- Faculty member's current curriculum vitae