1. GENERAL

This Rule provides the guidelines and requirements for faculty members seeking an extension of their tenure probationary period (as required by System Policy 12.01 Academic Freedom, Responsibility and Tenure, Section 1.4).

2. CRITERIA FOR REVIEW OF REQUEST

2.1 All requests to extend the tenure probationary period shall be based on "extraordinary circumstances." For the purposes of this Rule, "extraordinary circumstances" shall include any catastrophic or life threatening illness, an unforeseeable emergency, or circumstance of similar severity which would seriously impede progress toward demonstrating qualification for the award of tenure. The University shall have the sole discretion to determine what circumstances rise to the level of an "extraordinary circumstance."

2.2 Faculty members seeking an extension of the tenure probationary period shall make a written request to his/her department head (see sample memo at the end of this Rule). The request shall detail the extraordinary circumstances. The University may request documentation from the requesting faculty member. After review by the faculty member's department Chair, the request shall be forwarded to the Dean for his/her approval. After review by the Dean, the request shall be forwarded to the Provost and Vice President for Academic Affairs or designee. Final approval for the request shall lay with the Provost and Vice President for Academic Affairs or designee.

2.3 Any request to extend the probationary period must be submitted sufficiently in advance of the deadline for submission of the application for tenure. Requests that are not made sufficiently in advance must state the reasons why the request for extension was untimely made. The University may consider the timing of the extension as a factor in deciding whether to grant the extension.

3. LENGTH OF EXTENSION
3.1 Extensions may be granted for a period of time (usually one academic year). The length of extension must be approved in writing by the Provost and Vice President of Academic Affairs.
4. CONTINUATION OF PROBATIONARY PERIOD

4.1 Upon expiration of the extension, the deadlines for submission of the tenure packet shall apply. In the event that the extension of the probationary period is for less than one year, the Dean and the Chair shall determine the appropriate deadlines for submission of the tenure packet and communicate such deadlines to the requesting faculty member in writing. In the event that the extension is granted, the burden shall be on the requesting faculty member to obtain information regarding the new deadlines for submission of the tenure packets.

4.2 In the event that the faculty member's request to extend the probationary period is denied, the deadlines provided in the System Policy 12.01 and the Faculty Handbook shall apply.

4.2 In the event that the faculty member is denied tenure after being approved for an extension, System Policy 12.01 and the Faculty Handbook regarding notice of terminal year shall apply.

OFFICE OF RESPONSIBILITY:
Provost and Vice President for Academic Affairs
TO: Dr. _________
    Provost and Vice President for Academic Affairs

THROUGH: Dr. _________
    Dean, College of

FROM: Dr. _________
    Chair, Department of

DATE: ____________

SUBJECT: Request by Dr. ________ to Extend the Tenure Probationary Period

Dr. ____________________, <Assistant/Associate/Full> Professor of _______________
has submitted the attached request to extend the tenure probationary period. His/Her
request is made pursuant Texas A&M International University Rule 12.01.99.L1. Please
review Dr. ______________________’s request and indicate whether you approve or
disapprove of his/her request.

Chair: ________________________ Date: ________________
       ________________________ (mark approved/disapproved)
       Recommended Extension

Dean: ________________________ Date: ________________
      ________________________ (mark approved/disapproved)
      Recommended Extension

Provost/VPAA: ____________________ Date: ________________
               ____________________ (mark approved/disapproved)
               Length of Extension Granted

NOTE: Please return this memorandum to me upon completion of your review so that I
may notify Dr. ________________ of your decision regarding his/her request to extend
the tenure probationary period.