



New York University

APPROVAL SIGNATURES

DATE

DEPARTMENT CHAIRPERSON: _____

DEAN: _____

PRESIDENT'S OFFICE: _____

APPLICATION FOR STOPPING THE TENURE CLOCK FOR PRIMARY CAREGIVERS

NAME: _____
Last First Middle

SCHOOL: _____ DEPARTMENT: _____

PERIOD OF TENURE CLOCK INTERRUPTION:

ONE-YEAR From _____ To _____
(begin date) (end date)

ONE-SEMESTER From _____ To _____
(begin date) (end date)

Granting of tenure clock stoppage does not guarantee reappointment.

To be eligible, an applicant must have primary responsibility for the care of a child/parent/spouse/same sex domestic partner for a substantial portion of the period.

Please state the name, relationship, and if a child, age of the person you are caring for and a brief description of the nature of the care you are providing:

APPLICANT'S SIGNATURE: _____ DATE: _____