



FLORIDA STATE UNIVERSITY
OFFICE OF FACULTY DEVELOPMENT AND ADVANCEMENT

COVID-19 Tenure Extension Opt-Out Form

Name: _____ Empl ID: _____
NOT your FSUID; 9 digit number from OMNI

Department: _____ College: _____

I elect to opt-out of the one year extension to my tenure clock. I understand that extra year is in addition to any prior extensions of the tenure clock that I may have been granted and that this decision is irrevocable.

Faculty Signature

Date

NOTE: This form does not need to be signed by your department chair and/or dean before being submitted to FDA.

Please email signed form to Melissa Crawford (mucrawford@fsu.edu).

Janet Kistner
Vice President for Faculty
Development and Advancement

Date

NOTE: Once signed by FDA, a copy will be provided to your department chair and/or dean and appropriate department and/or college HR staff.

FDA Use Only

Hire date

3rd year review

5th year

6th year

7th year