TEXAS TECH UNIVERSITY
Health Sciences Center
Paul L. Foster School *of* Medicine™

PRE-TENURE and/or PROMOTION REVIEW FORM DECLINING PARTICIPATION

I am on the non-tenure track and decline to participate in the Pre-Tenure and/or Promotion review process. However, I realize that I can request a future review by contacting the Office of Faculty Affairs.

Signature of Faculty Member	**Department**
Print Name	**Date**

Faculty Member: Please return signed original to Department Chair
Department Chair: Please forward a copy to Office of Faculty Affairs

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