



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School of Medicine

Lubbock, Texas

RESPONSE FORM

- I **ACCEPT** your offer for a position in the Texas Tech University Health Sciences Center School of Medicine's MD program entering class of 2011.

I understand that my position is contingent upon and that it is also my responsibility to complete the following:

- Complete all prerequisite courses prior to matriculation;
- Submission of any course changes to the School of Medicine;
- Submission of any email or address changes prior to matriculation to TMDSAS and the School of Medicine;
- Submission of **final** transcript(s) from the school attended, that shows **degree conferred**, to Texas Tech University Health Sciences Center School of Medicine Registrar's Office, Attention: Julie Whitebread at 3601 4th Street, Stop 8310 in Lubbock, Texas, 79430;
- Submission of a Placement Guarantee Fee of \$100.00 and the Signature Page from the Standards for Curricular Completion; and
- Submission of the Criminal Background Check (CBC) to TTUHSC School of Medicine.

- I **DECLINE** your offer for a position in Texas Tech University Health Sciences Center School of Medicine's MD program entering class of 2011.

Signature: _____

PRINTED/TYPED Name: _____

TMDSAS ID: _____

Date: _____