

***Tenure Track Option***

**I hereby request the following tenure option:**

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|  | **Tenure Track Position** |
|  | **Non-Tenure Track Position** |

**Faculty Member Signature Date**

**Print/Type Name and Department**

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| |  |  |  |  | | --- | --- | --- | --- | |  | **Approve** |  | **Disapprove** |     **NAME, Department Chair** |

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| |  |  |  |  | | --- | --- | --- | --- | |  | **Approve** |  | **Disapprove** |     **NAME, Regional Dean, School of Medicine *(if applicable)*** |

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| |  |  |  |  | | --- | --- | --- | --- | |  | **Approve** |  | **Disapprove** |     **John C. DeToledo, MD**  **Dean, School of Medicine** |