



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Woody L. Hunt School of Dental Medicine

**20XX MID-POINT REVIEW
(PRE-TENURE/PRE-PROMOTION)**

CONFIRMATION OF PARTICIPATION FORM

First Name: _____ Last Name: _____

Department: _____

Tenure-Track Status: (Check one of the following):

Tenure Track: _____ Non-Tenure Track: _____

Applying for pre-promotion? _____ Yes _____ No

I am applying for pre-promotion to the rank of:

Applying for pre-tenure? _____ Yes _____ No

By completing and signing this form, I confirm my participation in the 20XX mid-point review (pre-tenure/pre-promotion) process. I understand that if at any time (prior to the application deadline) should I choose to not participate, I must notify the Office of Faculty Affairs in writing.

Faculty Member's Signature: _____ Date: _____

Please return completed form to the Office of Faculty Affairs
Miranda.alvarez@ttuhsc.edu ASB, Room 1113