



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER,
EL PASO

Paul L. Foster School of Medicine

2017 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:

Applying for pre-tenure? _____ Yes _____ No

By completing and signing this form, I confirm my participation in the 2017 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 Signature: _____ Date: _____

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