



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
Paul L. Foster School of Medicine

**2014 CYCLE  
PRE-TENURE and/or PROMOTION REVIEW**

**DECLINATION FORM**

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.

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**Signature of Faculty Member**

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**Department**

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**Print Name**

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**Date**

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**Faculty Member: Please return signed original to the Office of Faculty Affairs**

*An EEO / Affirmative Action Institution*

*PLFSOM Pre-T&P Form Declining Participation  
Revised 1/10/2014*