



TEXAS TECH UNIVERSITY  
Health Sciences Center  
Paul L. Foster School of Medicine\*

**PRE-TENURE and/or PROMOTION REVIEW  
FORM DECLINING PARTICIPATION**

**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.**

---

**Signature of Faculty Member**

---

**Department**

---

**Print Name**

---

**Date**

---

**Faculty Member: Please return signed original to Department Chair  
Department Chair: Please forward a copy to Office of Faculty Affairs**

*An EEO / Affirmative Action Institution*