Please return the original tenure form to the Dean of Faculties Office (MS 1126) as soon as possible. If the prospective faculty member declines the offer, promptly send an email to dof@tamu.edu. Thank you.

Name

AGREEMENT CONCERNING TENURE STATUS

You will be recommended for tenure to the Board of Regents during academic year _____.

To acknowledge receipt of and agreement with the terms of this appointment, please sign and return three copies of this agreement with your letter of acceptance.

_____

Department Head Date

_____

Dean Date

_____

Dean of Faculties Date

_____

Faculty Member Date