

***Tenure Track Option***

**I hereby request the following tenure option:**

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| **[ ]**  | **Tenure Track Position** |
| **[ ]**  | **Non-Tenure Track Position** |

**Faculty Member Signature Date**

**Print/Type Name and Department**

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| **[ ]**  | **Approve** | **[ ]**  | **Disapprove** |

**NAME, Department Chair**  |

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| **[ ]**  | **Approve** | **[ ]**  | **Disapprove** |

**NAME, Regional Dean, School of Medicine *(if applicable)*** |

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| **[ ]**  | **Approve** | **[ ]**  | **Disapprove** |

**John C. DeToledo, MD****Dean, School of Medicine**  |