TEXAS A&M UNIVERSITY

AGREEMENT CONCERNING APPOINTMENTS WHICH DO NOT ACCRUE CREDIT TOWARDS TENURE

Name of Faculty _____ **Department** _____

Your appointment as _____ **will not** be considered for tenure status under this agreement because _____ (e.g. adjunct or visiting professor, lecturer, part-time faculty---less than 2/3 time employment by the TAMU System at College Station, other) status excludes you from eligibility.

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

1. Department Head _____ Date _____

2. Dean _____ Date _____

3. Dean of Faculties _____ Date _____

4. Faculty Member _____ Date _____

Prepare 4 copies and sign in order as numbered above.

After all signatures have been received, distribute as follows:

Dean of Faculties (original)
Dean of Appropriate College
Department Head

Please return the original tenure form to the Dean of Faculties Office (MS1126) as soon as possible. If the prospective faculty member declines the offer, promptly send an email to dof@tamu.edu. Thank you.

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1126 TAMU
College Station, TX 77843-1126

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