

Dear

I have the pleasure of advising you of your recommended appointment, without salary, to The University of Texas Health Science Center at San Antonio, effective _____ through the 7 year ending August 31,

Title/Rank:

Department and Mail Code:

School:

Please indicate your willingness to accept this appointment by signing this letter, retaining one copy for your records and returning the original to the department at the mail code listed above.

Your participation in the educational programs of The University of Texas Health Science Center at San Antonio is very much appreciated.

Sincerely,

William L. Henrich, MD, MACP
President
Professor of Medicine

I accept this appointment:

Signature

Date

For Office Use only by the department: (Please check one)

New Appointment: _____ Reappointment: _____