Advocate Opt Out Statement

Chair

Department of Name

Jacobs School of Medicine and Biomedical Science

University at Buffalo

Date

Dear Chair,

I hereby waive my right to designate an advocate for the promotion process at this time. I am aware that I may select an advocate at any time during the dossier review process.

Sincerely,

Name

Title

Department of Name

Jacobs School of Medicine and Biomedical Sciences