

If you wish to accept offer of employment, please complete and return this form to the Department Office by the date listed in your offer letter.

NOTICE OF ACCEPTANCE OF EMPLOYMENT OFFER

I, _____, accept the offer of employment from
(NAME)

the Department of Audiology & Speech-Language Pathology at the University of North Texas. In doing so, I accept the terms of employment as described in the offer letter. I also understand that if I fail to, or cannot satisfy, the terms of the offer, the employment offer will be withdrawn.

Signature

Student ID

Date