Initial Appointment of the Adjunct Faculty (Non-Salaried)
Department of Pediatrics
The University of Texas Health Science Center at San Antonio

ANTICIPATED TEACHING ACTIVITIES

Name: ___________________________ Date: ___________________________

In accordance to the *Guidelines for the Selection, Evaluation, and Promotion of the Adjunct Faculty (Non-Salaried), Section I.A.4 & 11*, please provide written documentation for anticipated teaching and/or research activities with the Department of Pediatrics.

*Attached statements are also acceptable.*

**Teaching Activity:**

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