SAMPLE POSTDOC TERMINATION LETTER

DATE		
NAME ADDRESS		
Dear Dr:		
, in the College of		v in the Department of of Tennessee Health Science Center, your current position will terminate as
allow us to express my appreciat		inform you of this action. Please viversity of Tennessee Health Science th a Certificate of Completion for your
• •	vey that can be found at www.uths	SC campus, we ask that you fill out c.edu/postdoc/ and click on the
Sincerely yours,		
[Principal Investigator]	[Department Chair]	Monica M. Jablonski, PhD Associate Dean, Postdoctoral Affairs