

*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 I also understand that if I fail to, or cannot satisfy, the terms of the offer, the employment offer will be withdrawn.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