McGovern Medical School

Signature template (UTHealth email logo + school name)
Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston
McGovern Medical School
Office/Department/Center/Institute | Area or team within office/department/etc. optional
Address | Suite, Room, or Floor | City, State ZIP
XXX-XXX-XXXX Phone | XXX-XXX-XXXX Cell | XXX-XXX-XXXX Fax
www.uth.edu (or department/school website) optional

Signature template (type only + school name)
Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston | McGovern Medical School
Office/Department/Center/Institute | Area or team within office/department/etc. optional
Address | Suite, Room, or Floor | City, State ZIP
XXX-XXX-XXXX Phone | XXX-XXX-XXXX Cell | XXX-XXX-XXXX Fax
www.uth.edu (or department/school website) optional
MD Anderson UTHealth Graduate School

Signature template (UTHealth + MDACC dual email logo)

Name
Title
Pronouns: (X/Y/Z)

Office/Department/Center/Institute | Area or team within office/department/etc. optional
Address | Suite, Room, or Floor | City, State ZIP
XXX-XXX-XXXX Phone | XXX-XXX-XXXX Cell | XXX-XXX-XXXX Fax
www.uth.edu (or department/school website) optional

Signature template (type only + school name)

Name
Title
Pronouns: (X/Y/Z)

The University of Texas MD Anderson Cancer Center UTHealth Houston
Graduate School of Biomedical Sciences

Office/Department/Center/Institute | Area or team within office/department/etc. optional
Address | Suite, Room, or Floor | City, State ZIP
XXX-XXX-XXXX Phone | XXX-XXX-XXXX Cell | XXX-XXX-XXXX Fax
www.uth.edu (or department/school website) optional
School of Dentistry

Signature template (UTHealth email logo + school name)

Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston | School of Dentistry

Office/Department/Center/Institute | Area or team within office/department/etc. optional
Address | Suite, Room, or Floor | City, State ZIP
XXX-XXXX-XXXX Phone | XXX-XXXX-XXXX Cell | XXX-XXXX-XXXX Fax
www.uth.edu (or department/school website) optional

Signature template (type only + school name)

Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston | School of Dentistry

Office/Department/Center/Institute | Area or team within office/department/etc. optional
Address | Suite, Room, or Floor | City, State ZIP
XXX-XXXX-XXXX Phone | XXX-XXXX-XXXX Cell | XXX-XXXX-XXXX Fax
www.uth.edu (or department/school website) optional
Cizik School of Nursing

Signature template (UTHealth email logo + school name)

Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston
Cizik School of Nursing

Office/Department/Center/Institute | Area or team within office/department/etc. optional
Address | Suite, Room, or Floor | City, State ZIP
XXX-XXX-XXXX Phone | XXX-XXX-XXXX Cell | XXX-XXX-XXXX Fax
www.uth.edu (or department/school website) optional

Signature template (type only + school name)

Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston | Cizik School of Nursing

Office/Department/Center/Institute | Area or team within office/department/etc. optional
Address | Suite, Room, or Floor | City, State ZIP
XXX-XXX-XXXX Phone | XXX-XXX-XXXX Cell | XXX-XXX-XXXX Fax
www.uth.edu (or department/school website) optional
School of Public Health

Signature template (UTHealth email logo + school name)

Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston  
School of Public Health

Office/Department/Center/Institute  |  Area or team within office/department/etc. optional
Address  |  Suite, Room, or Floor  |  City, State ZIP
XXX-XXX-XXXX Phone  |  XXX-XXX-XXXX Cell  |  XXX-XXX-XXXX Fax

Signature template (type only + school name)

Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston  |  School of Public Health

Office/Department/Center/Institute  |  Area or team within office/department/etc. optional
Address  |  Suite, Room, or Floor  |  City, State ZIP
XXX-XXX-XXXX Phone  |  XXX-XXX-XXXX Cell  |  XXX-XXX-XXXX Fax
www.uth.edu (or department/school website) optional