



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine

**Tenure and Promotion Committee
Pre-Review Certification Form Regarding
Conflict of Interest and Confidentiality**

Name (Last, First) _____

Academic Rank _____

Department _____

Campus _____

I fully understand the confidential nature of the Tenure and Promotion review process and agree: 1) to destroy or return all materials related to it; 2) not to discuss the applications, my evaluation, the evaluation of other T&PC members, or the T&PC recommendation with any other individual except members of the T&PC or the Dean of the School of Medicine.

Signature _____

Date _____