TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School *of* Medicine

Tenure and Promotion Committee
Post Review Certification Form Regarding
Conflict of Interest and Confidentiality

I have not participated in the review of applications with which I have a Conflict of Interest. I understand that the deliberations and recommendations of the Tenure and Promotion Committee are confidential and I will not discuss or disclose to anyone except members of the T&PC or the Dean of the School of Medicine the nature or content of these deliberations.

NAME	SIGNATURE	DATE