## Conflict of Interest Attestation Form

UT Arlington Program Undergoing Review:

**Reviewer Information:**

Last name, First name, MI:

Place of Employment:

Work and email Address:

Persons invited to serve as external reviewers of academic programs at the University of Texas at Arlington are expected to provide rigorous and impartial reviews. To assure this, it is important that we manage sources of potential conflicts of interest that might put this goal at risk. The following is a list of potential sources of conflict of interest that will not allow a person to serve as an external reviewer for the program named above if they apply:

* You are currently a member of the faculty of any college or university located in North Texas or any university in Texas designated as an “Emerging Research Institution”.
* You have relationships with UT Arlington, the UT System Board of Regents, or the Texas Higher Education Coordinating Board that create conflict of interest or otherwise challenge your ability to provide an impartial review.
* You received an undergraduate or graduate degree from the department or program.
* You have a mentoring or trainee relationship with any person who has a major professional role in the department or program.
* Within the past three years, you have published with, have collaborated with, participated in the preparation of publications or funding proposals with any person who has a major professional role in the department or program.
* You are planning a collaboration with anyone with a major professional role in the department or program.
* You serve or have served as a member of the Advisory Board for the department or program.
* You or a family member has direct financial interest in any of the activities of faculty associated with the department or program.
* You believe there are any other reasons that you might not be able to provide a rigorous and impartial review of the department or program.

**I understand conflict of interest will preclude me from serving as an external reviewer for this program.**

**By signing this form, I certify that I believe I have none of the potential conflicts listed above or another**

**conflicts of interest that might impair my ability to provide a rigorous or impartial review of this**

**program**.

Date:

Signature:

**Please return this form to the PRT Chair and copy Raymond L. Jackson, Chair, UT Arlington Program Review Committee via jackson@uta.edu**