



## Conflict of Interest Form

Name of Candidate: \_\_\_\_\_

Department/School: \_\_\_\_\_

- Candidate for:
- Continuing Appointment
  - Promotion to Associate Professor/ Associate Librarian
  - Promotion to Professor/ Librarian

Explanation:

Explain the reason(s) for your conflict of interest:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed)

\_\_\_\_\_  
Date

*This completed form (including signature) shall become part of the candidate's review process and shall be shared with the candidate and all subsequent reviewers.*