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

Advisory Committee Meeting Report for	(student's name)
Optional Confidentiality Acknowledgeme To be completed by each committee member if requested by the acouly one time by each member. Please forward the signed forms to the As an employee of The University of Texas Health Scalars, MD Anderson Cancer Center (collectively the University of Texas Graduate School of Biomedical Sci regular course of your duties as a member of a graduate to proprietary information belonging to the Board of Ruth System Board Of Regents' Rules and Regulations 90.	dvisor and/or student. The form should be completed GSBS and it will be added to the student's records cience Center at Houston or the University of e "University") and a faculty member of The ences at Houston, you may have access in the e student's advisory or examination committee egents of The University of Texas System. See
In addition to your existing obligations to protect educational information, you must keep confidential you gain access during the course of your service on committee.	any proprietary information or data to which
This acknowledgement has no effect on your ability t within the University community as needed to perform and as a member of the graduate school faculty.	•
I have read and I understand the above, and acknowledge the terms expressed.	
Employee Signature	 Date
Print Name	