

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

**GSBS Advisory Committee Meeting Report for \_\_\_\_\_**  
(student name)

**Optional Confidentiality Acknowledgement – Non-UT Faculty**

To be completed by each non-UT committee member if requested by the advisor and/or student. The form should be completed only one time by each member. Please forward the signed forms to GSBS.

In the regular course of your duties as a member of the above-named GSBS graduate student’s advisory or examination committee, you may have access to proprietary information belonging to the Board of Regents of The University of Texas System. See UT System Board Of Regents’ *Rules and Regulations* 90101 Sec. 6.

In addition to your obligations to protect University information, including student educational information, you must keep confidential any proprietary information or data to which you gain access during the course of your service on a graduate student’s advisory or examination committee.

I have read and I understand the above, and acknowledge the terms expressed.

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name