



**I acknowledge that the SAHP Faculty Promotion and Tenure Procedures, Standards & Criteria (“Guidelines) in Appendix B stipulates that the faculty candidate sign a statement indicating that he/she has reviewed the promotion/tenure review file and that it is accurate and that it is accurate and complete.**

**I acknowledge that the SAHP Faculty Promotion and Tenure Procedures, Standards & Criteria, Section III and Appendix B, item 10 stipulates that the faculty candidate sign a statement indicating he/she has reviewed the promotion/tenure review file and that it is accurate and complete.**

**Letters of Recommendation will be placed in the dossier after submission to the Department Head.**

**I affirm that all instructions provided in the SAHP Guidelines AND LSU System Form Instructions have been reviewed. The dossier has been prepared accordingly.**

**My signature below attests to my participation in the preparation of the attached promotions and/or tenure review file, and to my acceptance of the attached documentation as complete and accurate.**

**Signature** \_\_\_\_\_

**Candidate’s Name** \_\_\_\_\_

**Date** \_\_\_\_\_