CONFLICT OF INTEREST DECLARATION FORM

Purpose of Disclosure

Before agreeing to serve as a reviewer for a master's thesis, please review the list of questions below to determine whether there are any conflicts of interest (COI) that could be perceived as detrimental to your review. If your answer to any of these questions is *"yes"*, you likely have a conflict of interest and should either decline the invitation or check the Potential or Apparent Conflict of Interest box and provide an explanation clarifying how this conflict does not impact your impartiality in evaluating the student's thesis.

Examiner Information

I, _____ (Name of Examiner),

Position: _____

This evaluation is a part of:

☐ Thesis Evaluation Committee

☐ Thesis Defense Examination Committee

Student with whom a Conflict of Interest is being considered:

Student Name: _____

Student ID: _____

Thesis Title:

_____

_____

Conflict of Interest Disclosure Questions

Please check ☒ the appropriate box for each question:

Have you co-authored or conducted research in direct collaboration with the student in the last five years?

☐ Yes ☐ No

Have you co-authored or had a research collaboration with the supervisor and/or co-supervisor on a topic directly related to the dissertation or thesis in the last five years?

☐ Yes ☐ No

In the past five years, have you been evaluated or evaluated the student's supervisor and/or co-supervisor (e.g., if you are the supervisor's former student, or if the supervisor was formerly your research supervisor)?

☐ Yes ☐ No

Do you have a significant emotional or financial connection with the student or research supervisor (e.g., past, or present spouse, close family member, past or present business partner)?

☐ Yes ☐ No

Do you knowingly have a financial interest in an entity that could benefit from the research project of the dissertation or thesis?

☐ Yes ☐ No

Have you entered (or intend to enter) negotiations with the student or research supervisor relating to future employment or supervision?

☐ Yes ☐ No

Have you engaged in any other activity that could be perceived as a conflict of interest or that could affect your impartiality?

☐ Yes ☐ No

Have you had, in the last five years, or do you currently have an affiliation (including as a student) with the student's academic unit?

☐ Yes ☐ No

☐ No Conflict of Interest

☐ Potential or Apparent Conflict of Interest (please explain):

_____

_____

_____

Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I acknowledge that any conflict of interest, actual or potential, must be disclosed to ensure fairness, transparency, and academic integrity in the thesis evaluation process.

Name: _____

Signature of Examiner: _____

Date: ____ / ____ / _____

Endorsement

Reviewed and acknowledged by:

Graduate Studies Unit

Name: _____

Authorized Representative: _____

Designation: _____

Date: ____ / ____ / _____

Contact Information:

Office of Graduate Studies, UDST

Email: Graduate.studies@udst.edu.qa

Phone:

Website:

*Note: Ensure all required documents are attached. Incomplete applications will not be processed.