**Name:**       **Title:**      

**Department:**      

**Email:**       **Office:**       **Phone:**      

**DISCLOSURE INFORMATION**

Do you have any real or perceived conflict of interest in any activity related to your field of research, teaching, service or other official duties? Conflicts include activities in which you may receive financial interest or advantage for yourself, your immediate family, your close associates, or a business over which you or your family has a direct or indirect financial interest. Conflicts may also encompass activities which would include participation (including in a proposal or sponsored award) of a family member (including spouse/partner), consulting that overlaps activities or departmental obligations, as well as external employment of students that you directly supervise, are the instructor of record and/or serve on the student’s committee. Examples of conflicts of interest may be found on the [Research Conflict of Interest website](https://www.ndsu.edu/research/for_researchers/research_integrity_and_compliance/research_conflict_of_interest/).

Yes  No

|  |
| --- |
| If yes, please explain in detail |

If you answered Yes to the previous question: does your potential conflict of interest involve use of university resources (faculty, students, facilities, equipment, etc.)?

Yes  No

|  |
| --- |
| If yes, please explain: |

Are you currently a principal or co-PI for any sponsored activities or projects through other academic, government, commercial, non-profit, or public or private institutions?

Yes  No

|  |
| --- |
| If yes, please explain: |

Do you have involvement in any other activity or activities other than those listed that may be perceived as a conflict of interest or conflict of commitment?

Yes  No

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| --- |
| If yes, please explain: |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please obtain a recommendation from your direct supervisor and their supervisor.**

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| --- | --- |
| **Signature 1 (e.g. Department Chair/Head, Director, Dean, VP, Provost).**  Approved  Approved with Oversight  Not Approved  *Please explain your decision*   |  | | --- | |  |   Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature 2 (e.g. Dean, VP, Provost)**  Approved  Approved with Oversight  Not Approved  *Please explain your decision*   |  | | --- | |  |   Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |