# CONFLICT of INTEREST MANAGEMENT PLAN

# Full time employee who is enrolled as a student

## Part 1 – To be completed by the employee

Name Click or tap here to enter text. Employee ID # Click or tap here to enter text.

Position Click or tap here to enter text. Department Click or tap here to enter text.

Program of study Click or tap here to enter text.

Expected enrollment period Click or tap here to enter text.

Describe overlap between role as employee and role as student Click or tap here to enter text.

In your employment role, do you have access to student data, paperwork, or course materials, and/or are you supervised by faculty who teach in the program?

[ ]  No [ ]  Yes, explain in detail and describe management plan to minimize potential conflicts:

Click or tap here to enter text.

**This form will not be accepted without the supervisor’s signature**.

 \_\_\_\_\_\_\_ \_\_\_\_\_\_

Signature of Employee Date

## Part 2 – To be completed by the supervisor

I hereby certify that the preceding information provided by the faculty or staff member is accurate and I hereby approve this request.

Signature of Supervisor Date

## Part 3 – To be approved by COI Committee

□ Approved by \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Initial Date