# CONFLICT of INTEREST MANAGEMENT PLAN

# Adoption of a Textbook or Course Materials

# authored by the Course Instructor or Immediate Family Member

## 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.

Name of text(s) & publisher or Custom Course Packet(s) assigned:

1. Click or tap here to enter text.
2. Click or tap here to enter text.

Term(s) for which authorization is sought in Academic Year: Click or tap here to enter text.

Fall  Winterim  Spring  Summer

Will the requested materials be sold in the UCCS bookstore? YES  NO

If yes, have you submitted a textbook adoption to the bookstore? YES  NO

Anticipated amount of royalties or other earnings from these materials Click or tap here to enter text.

Provide any additional information here: Click or tap here to enter text.

Valid for the Academic Year annotated above. **This form will not be accepted without the Supervisor 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