

Trinity University
Conflict of Interest Disclosure Statement (PART A)

1. Have you read the university's policy on conflict of interest within the past 12 months, and do you understand that policy?

Circle One: YES NO

2. Do you agree to comply with any conditions or restrictions imposed by the Trinity University Conflict of Interest Committee to manage, reduce or eliminate actual or potential conflicts of interest?

Circle One: YES NO

3. Are you an investigator involved in a research project or do you plan to submit a research proposal concerning design, conduct, and reporting of research data? If your answer is yes, please complete parts B & C (if required) also.

Circle One: YES NO

4. Please list below and/or on an attached page(s) the following information concerning any management responsibilities that you had or anticipated having in any for-profit business.

Circle One: YES NO

FIRST Business

Name of Business:

Nature of Business:

Responsibility:

CEO

Other (Please Specify):

Number of Days:

Past Year:

Anticipated:

Description of Duties:

Name (Print):

Title:

Division or Department:

Signature

Date

TOTAL NUMBER OF DISCLOSURE STATEMENT PAGES