

Significant Financial Interest Disclosure Form

Wofford College uses your responses on this form to determine whether any of your significant financial interest represent a financial conflict of interest. Please refer to Wofford's Financial Conflict of Interest Policy

Full Name:

Last

First

M.I.

Department:

Email:

1. Significant Financial Interest (see Policy for definition). Do you, your spouse or dependent children have a significant financial interest that: (i.) would reasonably appear to be affected by your research and (ii.) is in an entity or entities whose financial interests would reasonably appear to be affected by your research?

a. Salary or other payment for services (e.g. consulting fees, honoraria, or paid authorship)

Yes

No

If yes, please describe each instance of salary or payment for services and dollar amounts:

b. Equity interests (e.g. stock, stock options, or other ownership interests)

Yes

No

If yes, please describe each equity interest, including value of stock or ownership interest:

c. Intellectual Property Rights (e.g. patents, copyrights, and royalties from such rights)

Yes

No

If yes, please describe each instance of intellectual property rights:

d. Sponsored or reimbursed travel (i.e. travel paid on your behalf)

Yes

No

If yes, please describe each instance of sponsored or reimbursed travel and dollar amount:

e. Other

Yes

No

If yes, please describe, including the degree of commitment:

2. Are you engaged in Government Consultantships?

Yes

No

If yes, please describe all such relationships:

3. Have you engaged in an extramural program related to your research with either a government agency or private firm within the past year?

Yes

No

If yes, please indicate name of each such program and agency/firm:

4. Other Pertinent Information? Please use the space below to provide any further information or explanatory comments:



Acknowledgement and signature required:

By signing below, I confirm that I have reviewed and understand Wofford College's Financial Conflict of Interest Policy. The above information is complete and accurate to the best of my knowledge. I agree to update this disclosure during the period of the award as new reportable significant financial interests are obtained.

Signature

Date