(Please respond to each section of the questionnaire, 1-5. Put "None" if you have nothing to disclose.)

CONFLICT OF INTEREST ANNUAL DISCLOSURE 2016

University Management Personnel:	
(Please type or print your name)	(Campus Address)
(Fiedde type of print your name)	(Campas Address)
(Title)	(Phone No.)
(School or College/Division)	(Dept./Sub-Division)
The purpose of this questionnaire is to dis or members of your immediate family (i.e. any person living in the same household) ryour relationship with Wayne State Unive "WSU"), may create a conflict of interest. individual is in a position where he or advantage as a result of his or her activitie is in a position where he/she may have to interests (or those of another) rather than Conflicts of interest do not necessarily result from a combination of completely impossible to list every circumstance that of potential problem areas are outlined numbered heading any possible or potential or write "None" where applicable.	nay have that, when considered in light of ersity (referred to in this questionnaire as A conflict of interest exists (1) when an she may obtain an improper gain or es on behalf of WSU; or (2) when he or she choose whether to advance his/her own the interests of Wayne State University. involve intentional wrongdoing, but can innocent circumstances. Although it is may cause conflicts of interest, a number d below. Please indicate under each
1. Please disclose any affiliation, whether source of income or credit to you or an which might reasonably be deemed to between you and WSU, including, but repartnership, stock, ownership of a nonoutstanding shares or other securities, contractual relationship with any such with any such entity where, by reason obusiness, no conflict of interest could respect to such entity.)	in my member of your immediate family, involve a possible conflict of interest not limited to, a proprietorship, publicly-owned corporation's or any employment, indebtedness, or entity. (You may exclude an affiliation of geographical location or line of

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2.	Please disclose all business corporate or other organizational directorships or official positions held by you or by members of your immediate family. (You may exclude any position with a corporation or other business organization where, by reason of geographical location or line of business, no conflict of interest could reasonably be expected to arise with such organization.)
3.	Please disclose all charitable corporate or other organizational directorships or official positions held by you or by members of your immediate family. (You may exclude any position with a charitable corporation or other organization where, by reason of geographical location or type of charitable activity, no conflict of interest could reasonably be expected to arise with such organization.)
4.	Please disclose the name of any publicly-owned corporation in which you or a member of your immediate family owns or has a right to acquire stock or other securities of a magnitude of five percent or more of the corporation's outstanding stock or bonds, and any interest in the form of a loan, advance, or other financial arrangement with any such entity. (You may exclude stock ownership or other interests in any such corporation where, by reason of geographical location or line of business, no conflict of interest could reasonably be expected to arise with such organization.)

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5.	of your immed spirit (if not the purpose of this consequences	e all relationships and affilitiate family which might read letter) of the foregoing quadrates are all or apparent conforopriety and the appearant	asonably be deemed lestions, bearing in me e you and WSU to pr lict of interest. Our g	to be within the nind that the otect you from the
sho cor You Vice the app fore stat suc	ould therefore reaffict of interest a should prompe President. The Secretary of propriate Vice egoing question tus, viewed in	VSU, you have an obligate of the foundation of the decorate of	If or WSU in a positi ision-making proces conflict of interest esident should send gly, you hereby ag Secretary), update y addition, deletion sought to be elicition.	on where a possible is of the University to the appropriate disclosure forms to ree to file with the ad answers to the in, or change in your cited in response to
Dat	re	Signature Officer		
		Signature of Reviewer 1 Department Chair or	Date Director (if appropri	<u> </u>
		Signature of Reviewer 2	Date	:

Dean or Vice President

CONFLICT OF INTEREST ANNUAL DISCLOSURE 2016

Signature of Reviewer 3	Date:	
President or Provost		
Signature of Reviewer 4	Date:	
Secretary of the University		