

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

**CONFLICT OF INTEREST  
ANNUAL DISCLOSURE  
2018**

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University Management Personnel:

(Please type or print your name)	(Campus Address)
(Title)	(Phone No.)
(School or College/Division)	(Dept./Sub-Division)

The purpose of this questionnaire is to disclose any interests or affiliations that you or members of your immediate family (i.e., spouse, child, parent, sibling, in-law, or any person living in the same household) may have that, when considered in light of your relationship with Wayne State University (referred to in this questionnaire as "WSU"), may create a conflict of interest. A conflict of interest exists (1) when an individual is in a position where he or she may obtain an improper gain or advantage as a result of his or her activities on behalf of WSU; or (2) when he or she is in a position where he/she may have to choose whether to advance his/her own interests (or those of another) rather than the interests of Wayne State University. Conflicts of interest do not necessarily involve intentional wrongdoing, but can result from a combination of completely innocent circumstances. Although it is impossible to list every circumstance that may cause conflicts of interest, a number of potential problem areas are outlined below. Please indicate under each numbered heading any possible or potential conflict of interest that you may have, or write "None" where applicable.

1. Please disclose any affiliation, whether direct or indirect, that constitutes a source of income or credit to you or any member of your immediate family, which might reasonably be deemed to involve a possible conflict of interest between you and WSU, including, but not limited to, a proprietorship, partnership, stock, ownership of a non-publicly-owned corporation's outstanding shares or other securities, or any employment, indebtedness, or contractual relationship with any such entity. (You may exclude an affiliation with any such entity where, by reason of geographical location or line of business, no conflict of interest could reasonably be expected to arise with respect to such entity.)

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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. Please disclose all relationships and affiliations held by you or by any member of your immediate family which might reasonably be deemed to be within the spirit (if not the letter) of the foregoing questions, bearing in mind that the purpose of this questionnaire is to enable you and WSU to protect you from the consequences of a real or apparent conflict of interest. Our goal is to avoid both actual impropriety and the appearance of impropriety.

As an officer of WSU, you have an obligation of fidelity and loyalty to WSU; you should therefore refrain from placing yourself or WSU in a position where a possible conflict of interest might influence the decision-making process of the University. You should promptly disclose any possible conflict of interest to the appropriate Vice President. Those who report to the President should send disclosure forms to the Secretary of the University. Accordingly, you hereby agree to file with the appropriate Vice President, (or with the Secretary), updated answers to the foregoing questions within thirty days of any addition, deletion, or change in your status, viewed in the light of the information sought to be elicited in response to such questions. Vice Presidents are to forward such reports to the Secretary of the University.

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Date \_\_\_\_\_ Signature Officer \_\_\_\_\_

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Signature of Reviewer 1 \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair or Director (if appropriate)

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Signature of Reviewer 2 \_\_\_\_\_ Date: \_\_\_\_\_  
Dean or Vice President

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Signature of Reviewer 3  
President or Provost

Date: \_\_\_\_\_

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Signature of Reviewer 4  
Secretary of the University

Date: \_\_\_\_\_