

UCSB Graduate Student Conflict of Interest Form

Name: _____ Perm: _____ Degree Objective: _____
Major: _____ Committee Type: _____ Master's Thesis _____ Doctoral _____

Does a faculty member have a financial interest (including employment or a consulting arrangement) in a private entity with which the graduate student is involved? Yes No

If yes, due to the private entity's sponsorship of the project or other requirements imposed by the sponsor, the student's academic interests may be at risk; e.g., the student's ability to publish, present, or otherwise disclose the findings from their research or make progress with requirements of their program may be hindered.

The UCSB Graduate Student Conflict of Interest Policy requires that this conflict be disclosed and that a management plan be agreed upon.

If the above answer is "Yes" please respond to the following:

- (1) State the name of the faculty member with a financial interest and describe the nature of the potential conflict. (attach this description on a separate page)
- (2) How does the Department propose to manage the conflict? (must check at least one)

Recommendation that the Graduate Dean work with the Department to find a substitute on the student's dissertation or thesis committee for the faculty member with a conflict

Limitation of the length or scope of student's work with the private entity

Requirement that student conducts all work on-campus

Appointment of an additional member to serve on the dissertation or thesis committee as an "Oversight Member."

This member is chosen by the Department Chair (or the Graduate Advisor if the Chair is the conflicted faculty member) in consultation with the graduate student and their dissertation advisor. The Oversight Member shall be from a different academic specialty

Any other condition that the Graduate Student Conflict of Interest Subcommittee feels appropriate and reasonable to manage the conflict may also be implemented

Our signatures certify that we have read the policy and have provided full disclosure of any financial conflict of interest that may be harmful to the academic interests of the above student.

Student Name: _____ Signature: _____ Date: _____

Committee Chair Name: _____ Signature: _____ Date: _____

Department Chair Name: _____ Signature: _____ Date: _____

Grad Div Use Only:

The Graduate Division Dean/Associate Dean has reviewed the conflict and approves the course of action:

Signature: _____ Date: _____

The Graduate Division Staff confirms there is no reported conflict.
Staff Initials: _____ Date: _____