

**Instructions:** Please provide answers to the following questions. To report multiple conflicts within one category, please use the additional space provided in the Appendix at the end of this form.

Question	Answer
Please provide your full name.	First: _____ Last: _____
What is your Title?	Title: _____
What is your position with Boston University?	_____ Employee _____ Trustee _____ Other (please specify) _____
If you are a University employee, please provide the Name and Title of the person to whom you report (not yourself).	First name: _____ Last Name: _____ Title: _____
<b>Family Members</b>	
Is a member of your immediate family (as defined in the policy) employed by the University?  <div> <b>Definition of Immediate Family</b>  <i>A member of one's immediate family means (1) a spouse; (2) a child, grandchild, parent, grandparent, sibling, uncle, aunt, nephew, or niece, or the spouse of any such person; (3) a person having a step-relationship described in (2) above; (4) a parent-in-law or a brother- or sister-in-law; or (5) any other person who resides in the same household as the trustee, officer, or employee.</i> </div>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
If yes, please provide the name, relationship to you, job title and department for each family member (as defined by the <a href="#">policy</a> ).	First: _____ Last: _____ Relationship: _____ Title: _____ Department: _____

Business or Financial Relationships	
<p>Do you, or does a member of your immediate family, have or propose to have a business or financial relationship (as defined in the <a href="#">policy</a>) with Boston University, either directly or through another entity in which you or the family member has a significant interest (as defined in the <a href="#">policy</a>)?</p> <p><b>Definition of Business or Financial Relationship</b>  <i>A business or financial relationship includes the sale or acquisition of goods, property, or services; or the commitment of resources to a common venture. It does not include attending Boston University as a student. If a family member is employed by the University that should be reported in the Family Members section of this disclosure.</i></p> <p><b>Definition of Significant Interest</b>  <i>A significant interest in another entity includes service as a trustee, director, partner, or management-level employee; the actual or beneficial ownership of more than 5% of the entity; or a compensation arrangement that is dependent upon a business or financial relationship with the University.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If yes, for each, please provide the Business or Financial Relationship details.</p>	<p>Person's First Name: _____</p> <p>Person's Last Name: _____</p> <p>Person's Relationship to You: _____</p> <p>Entity Name (if any): _____</p> <p>Relationship to University: (e.g., supplier of goods, services)</p> <p>_____</p> <p>Annual Dollar Value: _____</p> <p>Date Established: _____</p> <p>University Monitor's Name: _____</p> <p>If an entity is involved, the nature of your or the family member's interest in the entity (e.g., employment, board seat, ownership interest) and the approximate monetary value, if any, or such interest:</p> <p>_____</p> <p>_____</p>

Organizations Served	
Are there any organizations as to which you serve as a director, officer, employee or other agent at the University's request or as the University's designated representative? You are not required to identify organizations in which you serve in your personal capacity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Add an Organization	Organization Name: _____ Position: _____ Please indicate any compensation (in whatever form, including, e.g., director's fees, salary, and stock options) that you receive in connection with this service: _____ _____ _____ _____ _____
Certification	
<input type="checkbox"/> I certify that I have read and understand the University's conflict of interest policy and that the foregoing information is true and complete to the best of my knowledge. I agree that if there is a material change in any statement or information provided above, I will immediately notify the Vice President and General Counsel and complete an amended disclosure form. I further agree that I will refrain from participating in the University's consideration of any proposed business or financial relationship in which I or a member of my immediate family may be interested, except to respond to questions or to provide further information.	
_____ Name (please print)	
_____ Signature (or initials if electronic)	_____ Date

☐ Check here if you have included an appendix with this submission in order to report multiple conflicts within a single category.



## Appendix

To report multiple conflicts within one category, please use the additional space provided in this appendix.

Name: \_\_\_\_\_

### Family Members

Please use the space below when you have more than one "Family Member" to report.

First: \_\_\_\_\_

Last: \_\_\_\_\_

Relationship: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

### Business or Financial Relationships

Please use the space below when you have more than one "Business or Financial Relationship" to report.

Person's First Name: \_\_\_\_\_

Person's Last Name: \_\_\_\_\_

Person's Relationship to You: \_\_\_\_\_

Entity Name (if any): \_\_\_\_\_

Relationship to University: (e.g., supplier of goods, services) \_\_\_\_\_

Annual Dollar Value: \_\_\_\_\_

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

University Monitor's Name: \_\_\_\_\_

If an entity is involved, the nature of your or the family member's interest in the entity (e.g., employment, board seat, ownership interest) and the approximate monetary value, if any, or such interest:

\_\_\_\_\_  
\_\_\_\_\_

### Organizations Served

Please use the space below when you have more than one "Organization Served" to report.

Organization Name: \_\_\_\_\_

Position: \_\_\_\_\_

Please indicate any compensation (in whatever form, including, e.g., director's fees, salary, and stock options) that you receive in connection with this service:

\_\_\_\_\_  
\_\_\_\_\_