

**Armstrong Atlantic State University**  
*Faculty Disclosure Statement Regarding External Affiliations*

Name \_\_\_\_\_ Title/Rank \_\_\_\_\_

School/Dept. \_\_\_\_\_

Title of Sponsored Project \_\_\_\_\_

Name of Funding Sponsor \_\_\_\_\_

Project Period \_\_\_\_\_

***Certification: I have read and concur with the Armstrong Atlantic State University Conflict of Interest Policy Pertaining to Sponsored Projects.***

Are you or any member of your immediate family (spouse, parents, parents-in-law, siblings, children, or other relatives living at the same address as you) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the sponsored project?

- Yes** (if so, describe on an attached sheet of paper in detail the nature and extent of the affiliation.)  
 **No**

Are you or any immediate family member the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored project?

- Yes** (if so, describe on an attached sheet of paper in detail the nature and extent of the equity.)  
 **No**

Have you or any member of your immediate family derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding \$5,000 per year from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

- Yes** (if so, describe on an attached sheet of paper the reason and amount of the income for which it was or will be derived.)  
 **No**

Do you have any affiliation with the external organizations that would diminish your ability to fulfill your paramount obligations to your students, your colleagues, or the University, or have you involved any graduate student in a propriety capacity with the external organization?

- Yes** (if so, on an attached sheet of paper in detail the nature and extent of the affiliation and the amount of time per week you dedicated to it).  
 **No**

Signature of Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Head or Dean \_\_\_\_\_ Date \_\_\_\_\_