

Policy 13010: Requires students and postdoctoral associates to be fully informed if their faculty advisor/research supervisor has a significant conflict of interest related to the proposed research or employment. The department chair or graduate program director, and the relevant academic associate dean, will meet with the individual student or postdoc to review the nature of the conflict, university and academic policies, the potential risks of the proposed involvement, and the channels available to address perceived problems, should they occur. Please see policy 13010 and the Conflict of Interest website maintained by the Office of the Vice President for Research and Innovation for policy links and guidance.

Page 1 to be completed by Faculty Research Supervisor; Page 2 to be completed by Department and College Representatives

STUDENT-POSTDOCTORAL ASSOCIATE INFORMATION

Name _____ E-mail Address _____ Phone _____
Department/Center _____ Mail Code _____ College _____
Level: Undergraduate Masters Doctoral Postdoctoral Associate Disclosure: New or Renewal

FACULTY – RESEARCH SUPERVISOR INFORMATION

Faculty Member Name _____ Title/Rank _____ Phone _____ E-mail Address _____
Department/Center _____ Mail Code _____ College _____
Name of entity in which there is a related financial interest _____
Student/Postdoc will be employed: As part of a VT sponsored project
 Directly by the external entity
 Other, please explain: _____
Name of Graduate Committee Chair/Advisor if different _____

NATURE OF THE POTENTIAL CONFLICT

PROPOSED SCOPE OF WORK FOR STUDENT/POSTDOC

Is this research part of the student's thesis or dissertation? Yes No
If yes, note that students must be able to *publicly* defend their thesis or dissertation and submit an ETD (electronic thesis or dissertation) to the Graduate School in order to receive a degree from Virginia Tech. Proprietary, restricted, or classified research results must not jeopardize fulfillment of these requirements.

Employment Begin Date: _____ Employment End Date: _____

VT grant or contract number, if applicable: _____

CHECKLIST FOR DEPARTMENT AND COLLEGE REPRESENTATIVES

- Conflict of interest requirements for disclosure and faculty member's personal financial interest
 - Expectations for Graduate Education (see <https://graduateschool.vt.edu/academics/expectations.html>) including:
 - An environment of the highest ethical standards
 - Avoidance of situations that might create conflict of interest for graduate students
 - Early agreement upon authorship positions and acknowledgements commensurate with levels of contributions to the work
 - Resolution of concerns:
 - Informal discussion with involved faculty member, department head, or graduate program director
 - Informal discussion with Graduate Student Ombudsperson or other member of Graduate School
 - Formal complaint/appeal to department head (and subsequently others as described in Expectations)
 - Terms and conditions governing the financial support that might restrict or limit publication or sharing of research results – if relevant, briefly describe such conditions here:

 - Expectations and responsibilities of student or postdoc for:
 - Scope of research work activities and extent of time required
 - Management and retention of research data
 - Determination of authorship credit for publication of research results
 - Use of research results in a thesis/dissertation
 - Role of faculty advisor:
 - Faculty member with financial conflict may serve on committee but will not serve as chair
 - A co-chair of equal or greater rank with no conflicts will be appointed
- Name, rank, and department of co-chair _____
- _____

DEPARTMENT AND COLLEGE CERTIFICATION

We certify that we met with the named student/postdoc to review his/her rights and responsibilities related to the research described above. We will provide further consultation as needed to either the individual student/postdoc or the faculty member concerning this research agreement and issues related to conflict of interest.

Department Head or Graduate Program Director:

Associate Dean (Research/Graduate Studies):

Printed Name

Printed Name

Signature

Date

Signature

Date

STUDENT/POSTDOC CERTIFICATION

By signing this research agreement, I certify that I met with the individuals named above to discuss and clarify any questions that I might have concerning my rights and responsibilities related to my participation in the research described on page 1. I understand that the faculty member who will supervise my work has a personal financial interest related to the research.

Student/Postdoctoral Fellow

Date

Copies of completed form to: individual signatories, student's departmental file, members of student's advisory committee, and the designated COI Officer. The COI Office will provide a copy to the Graduate School.