

**Disclosure and Request for Prior
Approval of Non-University Activities
(Full-time Faculty Only)**

Office of Academic Affairs - North Georgia College & State University

Last Name: _____

First Name: _____

Title/Rank: _____

Department: _____

Length of Faculty Contract: _____ months

PART I. CONFLICT OF INTEREST SCREENING

1. Do you, or are you planning to, teach for another educational institution?

_____ Yes* _____ No

2. Are you paid for services provided relative to consulting or research publications?

_____ Yes* _____ No

3. Do you have non-University professional or income producing activities that employ NGCSU students, faculty, staff, and/or utilize NGCSU property or equipment?

_____ Yes* _____ No

**Please list and explain in an attached statement any "yes" responses to the questions above.*

PART II. AFFIRMATION

I affirm that I have read Policy 3.2.3 of the Academic Affairs Administrative & Faculty Handbook (<http://www.northgeorgia.edu/AcademicAffairs>) and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Signature _____ Date _____

Please submit to your Department Head for review.

Department Head Reviewers: ADMINISTRATIVE REVIEW AND APPROVAL

Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. Sign this form and forward to the Dean of your school for signature.

PART III. CONFLICT OF INTEREST/COMMITMENT REVIEW

A. Based on the activity reported and to the best of my knowledge and in my judgment:

_____ No conflict of interest or commitment exists.

_____ A conflict of interest or commitment may exist, but does not appear to be significant and/or is being monitored by the college/division. *Please attach an explanation.*

_____ A conflict of interest or commitment may exist that warrants further review. *Please attach an explanation.*

B. Please complete if question three on page one of the form is answered affirmatively:

As described by the faculty member, the involvement of NGCSU students, faculty, staff, property, and/or equipment in his/her non-University activities does not appear to be detrimental to those individuals.

_____ Agree _____ Disagree *Please attach an explanation.*

PART IV. APPROVAL OF ACTIVITIES

A. Retrospective Activities

_____ No retrospective activities are reported or all retrospective activities are approved.

_____ Some or all retrospective activities are not approved. *Please attach an explanation.*

B. Prospective Activities

_____ No prospective activities are reported or all prospective activities are approved.

_____ Some or all declared prospective activities are not approved. *Please attach an explanation.*

The above information is correct and complete to the best of my knowledge.

Department Head _____ Date _____

Dean of School _____ Date _____

PART V. REVIEW AND APPROVAL OF ACTIVITIES BY VPAA AS REQUIRED

Signature _____ Date _____