



Occasions may arise in which there is a potential conflict of interest between the role of a graduate student and other Virginia Tech entities for a variety of possible reasons, including but not limited to VT employees pursuing graduate degrees; students having a close connection with a faculty member or assistantship supervisor through marriage, lineage or other relationship or through settings such as religious or civic organizations; or having a non-employment financial relationship with their advisor, supervisor, or committee member through a housing arrangement or other means; etc. When such potential conflict of interest is recognized, use this form to document the conflict and the corresponding mitigation plan.

Student Information

Last Name/Surname: _____ First/Given Name: _____

Last 4 digits of VT ID: _____ Email address: _____

Request details/Information

- Type of conflict
- VT employee pursuing graduate degree
 - Student in close relationship with advisor, committee member, or supervisor
 - Student in outside employment/business activity with advisor, committee member, or supervisor
 - Student maintains a non-employment financial relationship with their instructor, advisor, supervisor, or committee member (e.g. living as a tenant in a rental housing arrangement)
 - Other _____

Please append detailed explanation and documentation, including Plan of Study with name of advisor and all committee members. Identify potential conflict(s) of interest and describe how such conflict(s) will be avoided. Explanation may include summary of thesis/dissertation research plans; documentation of how research is separate from employment duties; access control measures based on separation of duties; etc.

Signatures

The undersigned agree that the proposed mitigation plan is sufficient to avoid any potential conflict of interest or conflict of commitment between the student and advisor/committee or graduate degree work and employment.

STUDENT Signature Date (MM/DD/YY)

EMPLOYMENT SUPERVISOR Signature (if applicable) Date (MM/DD/YY)

COMMITTEE CHAIRPERSON Signature Date (MM/DD/YY)

GRADUATE PROGRAM DIRECTOR Signature Date (MM/DD/YY)

GRADUATE SCHOOL Signature Date (MM/DD/YY)

Submit your completed form:
<https://gs.vt.edu/forms>
120 Graduate Life Center, Blacksburg
VT ICAB1, 3625 Potomac Ave, Alexandria

For assistance call 540-231-8636 or
email grads@vt.edu