

Conflict of Interest Agreement for VT Employees Pursuing Graduate Degrees

Name Click here to enter text. **VT ID** Click here to enter text.
Email address Click here to enter text. **Date** Click here to enter text.
VT Employment: Job Title Click here to enter text.
Department/Unit Click here to enter text.
Graduate Degree Click here to enter text.
(type of degree and degree program name)

Append a Plan of Study including the name of the Advisor and the other Advisory Committee Members. (Employment supervisors will abstain from chairing and serving on the candidate's graduate thesis/dissertation advisory committee).

If seeking a doctoral degree on a part-time basis, indicate how the residency requirement will be met. ("Residency" does not refer to your workplace location or home address. See details in Graduate Catalog under [Residency Requirements for Doctoral Degrees.](#))

Click here to enter text.

Summarize thesis/dissertation research plans, identify potential conflicts of interest, and indicate how the potential conflicts will be avoided. Explain how the research is separate from employment duties. Confirm that there will be no perceived or actual Conflict of Interest/Conflict of Commitment between the employment and the graduate degree. (Department or IT staff should not access confidential student records while engaging in the graduate student role. What alternative arrangements will be made if the applicant's current duties include accessing student records?)

Click here to enter text.

The undersigned agree that the Plan of Study, Advisory Committee composition, proposed research, and employment duties will avoid any potential Conflict of Interest/Conflict of Commitment between the graduate degree work and the employment.

Employee/graduate student

Signature: _____

Employment Supervisor

Signature: _____ Email: _____

Printed Name: _____ Date: _____

Department Head (employment)

Signature: _____ Email: _____

Printed Name: _____ Date: _____

Graduate Advisor

Signature: _____ Email: _____

Printed Name: _____ Date: _____

Department Head (graduate department, if different from employment department)

Signature: _____ Email: _____

Printed Name: _____ Date: _____

Graduate School Approval

Signature: _____ Date: _____