## Western Kentucky University Educational Leadership Doctoral Program Conflict of Interest Disclosure Statement

STUDENT NAME
Select one:
Dissertation Committee Chair:
PRINT NAME
Dissertation Committee Member:
Dissertation Committee Member: PRINT NAME
As a faculty member of the Educational Leadership Doctoral Program of Western Kentucky University, I have agreed to serve on this student's Dissertation Committee and make the following disclosures about any real or potential conflict of interest that may exist between myself and the student. For the purposes of this Disclosure Statement:
• "Family member" shall mean spouse, sibling, child, parent, father-, mother-, brother- or sister-in-law, aunt and/or uncle.
• "Business relationship" shall mean one in which the student and the faculty member, and/or a family member of the faculty member serve as an officer, director, employer, employee, partner, trustee or controlling stockholder of a business entity.
• "Work relationship" shall mean any type of working relationship (for wages or salary, or as a volunteer) between the student and the faculty member, and/or a family member of the faculty member.
<ul> <li>"Consensual relationship" shall mean a romantic, amorous and/or sexual relationship between consenting individuals.</li> </ul>
1. I am unaware of <u>any relationship as defined above</u> between myself or any member of my family and the student which would create a real or potential conflict of interest, <u>except</u> the following:
(If none exists write "none.")
2. Neither I nor any member of my family have received any gifts, loans or other asset from the student, except the following:
(If none exists write "none.")
I certify that the above information is true and complete to the best of my knowledge.
(Name Printed)
Signature Date