

WSU Study Abroad Programs Conflict of Interest Disclaimer



Please copy and have every faculty member attending this Field Trip/Travel Study/Academic travel complete this form. For more information on conflicts of interest, please see PPM 3-36.

- ☐ I hereby certify that I have no actual or potential financial interest or involvement which is, or could be perceived to be, in conflict with the discharge of my duties as a Study Abroad Program Leader at Weber State University.

OR

- ☐ I hereby declare the following to be an actual or potential financial interest or other involvement which is, or could be perceived to be, in conflict with the discharge of my duties as a Study Abroad Program Leader at Weber State University. Further, I propose that these actual or potential conflicts of interest be resolved in the following manner (describe conflict and proposed resolution below):

WSU Advisor

Name _____

Title _____

Program _____



Signature

Date



WEBER STATE UNIVERSITY
Risk Management

weber.edu/risk

Per PPM 3-30b section III, all alcoholic beverages are restricted on University sponsored activities. Any exception to the no alcohol policy will require an internal review. For more information on a possible exception, please contact the Study Abroad Director and fill out the required documents seeking approval.

Please sign below indicating you understand and agree to this process.



Student Advisor Signature

Please provide a detailed daily itinerary to ensure all logistics are covered (location, travel, lodging).

Please indicate the best communication method for you as well as the best time to contact you. We will reach out after receiving this application to ensure satisfaction with your accommodations.

Best Contact Method

☐ *Email* ☐ *Cellphone* ☐ *Office Ext.*

Please select the best day(s) to contact you.

☐ *Monday* ☐ *Tuesday* ☐ *Wednesday* ☐ *Thursday* ☐ *Friday*

Please indicate the best time of day to contact you.

☐ *Morning (8-12 p.m.)* ☐ *Afternoon (12-4 p.m.)*



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