

8. Check all of the following relationships that this entity has with Lewis University (if any):

_____ Research Collaborator

_____ Vendor

_____ Donor (Gift)

_____ None / Unknown

_____ Other (please describe):

9. Does the financial interest include income from intellectual property interest? _____ No _____ Yes

If yes, please describe the intellectual property to which these interests are related:

10. Does the financial interest include payment for travel? _____ No _____ Yes

If yes, please describe the nature and reason for the travel:

13. Please explain what steps you and/or your family member(s) might take (or propose to take) to manage, reduce, or eliminate potential or actual financial conflicts of interest with this entity:

I agree to abide by Lewis University's Financial Conflict of Interest policy. In submitting this form and disclosure attachments, if required, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by Lewis University, and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of any of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 30 days of that change.

Signature: _____ Date: _____

SUBMIT THIS FORM:

Via Campus Mail/U.S. Mail: Lewis University; Office of Sponsored Programs, One University Parkway; Mailbox Romeoville, IL 60446 Attn: Director, OSP

Via Email: Send to ZDHU@lewisu.edu. **If you choose to submit via email**, please be advised that email is not a secure or confidential communication medium. By submitting your FCOI form by email, you acknowledge that the University cannot guarantee the security or confidentiality of the email, and you assume all risk of loss.