Wilkes University Financial Disclosure Form

Due in the Sponsored Research Office no later than day of proposal submission

See Wilkes University Conflict of Interest Policy for further detail.

Investigator Name: Project Name: Source of Funds:

Status: Current Pending

Role in Project: PI Co-PI Senior/Key Personnel Consultant Olfopaid Collabo PattorqË ó þWX

Other Investigator

I hereby certify that I have read the

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Non-Publicly Traded Entities (Compensation)

Instructions: List all norpublicly traded entities from which you, your spoused/or dependent child have received compensation of \$5,000 or more in the last 12 calendar months. All columns must be completed in fullAdd rows if necessary.

Entity Name	Interests Pertaining	Position or	Entity Business	Total
	to (check allthat	Relationship	Туре	Compensation in \$
	apply):			
	Self			
	Spouse			
	Dependent Child			
	Self			
	Spouse			
	Dependent Child			
	Self			
	Spouse			
	Dependent Child			
	Self			
	Spouse			
	Dependent Child			
	Self			
	Spouse			
	Dependent Child			
	Self			
	Spouse			
	Dependent Child			
	Self			
	Spouse			
	Dependent Child			

Compensation for Intellectual Property Rights

Instructions: This does not include any payment five interestive intellectual property assigned to the inversity in conformance with the CollegeÕs Intellectual Property policy. List all entities other than wilkes University from which you, you spouse and/or your dependent child have received payment for intellectual property rights (e.g. royalties, licensing fees, etc.) in the last 12 calendar months. Add rows if necessary.

Entity Name	Interests Pertaining to (check all that apply):	Description of Intellectual Property	Total Compensation in \$
	Self		
	Spouse		
	Dependent Child		
	Self		
	Spouse		
	Dependent Child		

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Sponsored or Reimbursed Travel Instructions: List any instance of travel