UNIVERSITY OF NORTHERN IOWA

**OFAS Office Use Only:**

Electronic roster: \_\_\_\_\_\_\_

BAJ or JE: \_\_\_\_\_\_\_\_\_\_\_\_\_

CI Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFLICT OF INTEREST FORM

Please complete **Section I & II** of this form

**Section I**

**Date:**

**Name of Department:**

**Name of Department Head:**

**Department Head Approval (mark “X” if approved):**

**Form submitted by:**

**Contact information (e-mail and phone number):**

**Semester (circle or highlight appropriate term): Fall Spring Summer**

**Academic year:**

**Oracle account number funds will be debited:**

 **\_ \_ \_ \_ . xx . \_ \_ \_ \_ \_ . xxxxx . ­­\_ \_ \_ \_ . \_ \_ . \_ \_ \_ \_**

**Oracle account number funds will be credited:**

 **\_ \_ \_ \_ . xx . \_ \_ \_ \_ \_ . xxxxx . ­­\_ \_ \_ \_ . \_ \_ . \_ \_ \_ \_**

**Amount of Budget Adjustment Journal/Journal Entry:**

**Date Budget Adjustment Journal/Journal Entry submitted:**

**Name and ID# of students awarded (may attach form if additional space is needed):**

**Date the electronic roster submitted:**

**Use of Departmental Fund Awards:**

The UNI Office of Financial Aid & Scholarships is now required to monitor that all awards are administered in a fair and consistent manner without prejudice or conflict of interest. Documentation must be on file in the Office of Financial Aid & Scholarships confirming that the award was made without conflict of interest and in an unbiased manner.  Any recipient who is a relative or friend of any employee (professor, instructor, secretary, clerical, etc.) within the department/unit may constitute a conflict of interest. In such case, the Dean of the College must approve and sign off on the award. If the recipient is a relative or friend of the Dean, the award must be approved and signed by the Provost’s Office.

**Section II**

**Use of Departmental Fund Awards** continued**:**

1. What is the rationale (selection criteria) for the award?  Please list specific criteria.
2. What was the selection process for the award?  How did the student apply? (i.e. application, nomination) How was the student selected? (i.e. department head, committee, interview)
3. Is there potential for conflict of interest in awarding these funds to this student? Please explain. (i.e. is the student related or a close friend to anyone in the department, etc. **No is not a sufficient answer. Please be specific.**)
4. Is the recipient an employee of the University? If yes, in what capacity? In what department? “Employee” refers to faculty (including graduate assistant) or staff (P&S or merit); full-time or part-time; permanent or temporary. It does not include student employees.

After your response has been received, a decision will be made about the payment of the funds.
**Please submit this form via email or fax to**:

UNI Office of Financial Aid & Scholarships

105 Gilchrist Hall

Staci.mueller@uni.edu

Fax#: 319-273-6950

0024 (campus code)