Southern Methodist University UNIVERSITY POLICY MANUAL

Conflict of Interest

Policy Number: 1.3 (Appendix B)

Annual Conflict of Interest Disclosure Form for Trustees, Members of Board of Trustees Committees, Executive Officers, Deans, and Other Designated University Representatives

In accordance with the Southern Methodist University Conflict of Interest Policy, please indicate as set out below, whether you, your spouse, domestic partner, parent, stepparent, child, stepchild, sibling, stepsibling, grandparent, step-grandparent, grandchild, step-grandchild, father-in-law, mother-in-law, daughter-in-law, son-in-law, aunt, uncle, niece, or nephew and any person who resides in your household ("Immediate Family Member") have positions or interest of the kinds described below.

a.	Do you or does any Immediate Family Member have an interest in any existing, pending or proposed transaction or business arrangement involving the University? YesNo
b.	Are you or is any Immediate Family Member a director, employee, officer, partner, trustee or manager of any entity that has an existing, pending or proposed transaction or business arrangement involving the University? YesNo
C.	Do you have any other Conflict of Interest required to be disclosed under the Southern Methodist University Conflict of Interest Policy or any arrangement or involvement in any matter that would otherwise create an appearance of impropriety? YesNo
If you answered yes to any question above, please provide additional information below (or additional sheets if necessary) concerning all interests, the transactions or business arrangements and other pertinent circumstances. Giving rise to a "yes" answer.	
	Conflict of Interest Policy requires that you promptly update this form whenever pertinent
circur accur	nstances change that would make your most current filed Disclosure Form no longer materially ate. Please contact Paul Ward at paul.ward@smu.edu or 214-768-3233 in the Office of Legal s, if you have any questions concerning this Disclosure Form or the SMU Conflict of Interest Policy.
Policy	e received and read a copy of the attached Southern Methodist University Conflict of Interest I. I affirm that, other than the interests reported above, I am aware of no disclosable interest ding interests of my Immediate Family Members).
Covere	d person:
	(Print Name)
Date:	Signed: