**Completion of this form is an affirmation that there is NO direct or indirect ethical, legal or financial conflict of interest as outlined on the DeSales University IRB Conflict of Interest: Research Project Disclosure Form.**

**This form is to be completed by those STUDENT RESEARCHER(S) who are NOT the Principal Investigator or Co-Investigator but are engaged in, or propose to be engaged in, research activities.**

**This form should be verified by the Principal Investigator before submission. A separate form must be completed and submitted for each research activity in which the same student may be involved.**

Title of Research Project:

Name of Principal Investigator:

|  |  |  |
| --- | --- | --- |
| **STUDENT NAME\*** | **STUDENT SIGNATURE** | **DATE** |
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*\*If additional names need to be added please complete and attach an additional form*

**Principal Investigator Verification**:

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have used all reasonable diligence in verifying this Conflict of Interest Student Researcher Disclosure Form and that to the best of my knowledge, it is true and complete.

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 Signature Date