

Conflict of Commitment Form as Required by University SAP 15.99.99.M0.02

Name:				Title:		
	Last	First	M.I.			
UIN:			Departmen	t/Unit:		
separate page	s, if necessa	ry. Alternative	ly, attach copies	of completed an		ollowing questions. Attach of consulting and external ional Employment.
Name of Outsi	de Entity:					
Location and a activities:	ddress (inclu	uding country) (of outside			
Beginning Date Estimated num		of involvement	Ending Dat during your acac		cal-year appointmen	t:
Resea Teach Cons Edito Execu Board Salar	arch ning ulting r (if compen utive or Man d Member ied Employe er, Including	sated) agerial	outside entity:			
Please describ	e the activity	, including its r	elationship to Un	iversity duties ar	nd responsibilities:	
	•		past year under and Employment	~	ty requirements with Yes	n respect to Financial No
If this activity i	s related to	External Consul	ting and Employr	nent, please atta	ch completed and a	oproved documentation.
Are you receiv	ing compens	sation for this a	ctivity?		Yes	No
If you are rece	iving compe	nsation, please	select the appro	priate range:		
\$0-\$4,999	\$	5,000-\$9,999	\$10,000-	\$24,999	\$25,000-\$49,999	>\$50,000

After consultation with unit heads, this form should be sent to coi@tamu.edu or mail stop 2407 TAMU.