

**Graduate Student Instructional Assistant (GSIA)  
Conflict of Interest (COI) Disclosure Form**  
*(For Use by Graduate Students Serving as Instructional Assistants in  
Graduate Courses (500- and 800-Level) Only)<sup>1</sup>*

**Purpose of Disclosure:** A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by a GSIA's material interests or relationships with respect to another graduate student enrolled in a graduate course to which the GSIA is assigned, particularly if those interests or relationships are not disclosed.

This conflict of interest form should indicate whether the GSIA has a current or prior relationship with any graduate student enrolled in a graduate course (500- or 800- level) to which the GSIA is assigned. The GSIA should disclose any personal, business, or other relationships, as noted below, that may give rise to a real or apparent conflict of interest:

GSIA Name (Please Print): \_\_\_\_\_

Course/Semester: \_\_\_\_\_ Instructor of Record: \_\_\_\_\_

Student with whom COI is noted (please print first, middle and last name; do not use nicknames):  
\_\_\_\_\_

Please indicate below any relationship you have which may contribute to a real or apparent conflict of interest. Check all that apply:

- A prior or current romantic relationship
  - A prior or current friendship
  - A prior or current roommate
  - A prior or current lab- or office-mate
  - A prior or current history of conflict
  - Other (Please describe below)
- \_\_\_\_\_

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<sup>1</sup>See [POLICY FOR STUDENT INSTRUCTIONAL ASSISTANTS IN GRADUATE \(500- AND 800-LEVEL\) COURSES](#)

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I hereby certify that the information set forth above is true and complete to the best of my knowledge:

\_\_\_\_\_  
GSIA Signature Date

\_\_\_\_\_  
Instructor of Record Signature (to confirm review of above information) Date

\_\_\_\_\_  
Head of Academic Unit Offering Course (to confirm review of above information) Date

**This completed and signed form should be submitted to the head of the unit offering the course, who will, upon review, submit it to the Office of the Dean of the Graduate School at [L-GRAD-DEANS-OFFICE@LISTS.PSU.EDU](mailto:L-GRAD-DEANS-OFFICE@LISTS.PSU.EDU)**

For use by the Office of the Dean of the Graduate School only. Rcvd By: _____ Date: _____
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