Revision Date: January 2011

		STATE ETHICS COM	MISSION	
	AnnualColl	lege and University	y Disclosure Form	
Date of Statemer	nt:			
Academic Year Ju	uly 1,	Through June 30,.		
First Name:				
Last Name:				
Institution:				
Department:				
Position:				
Daytime Telepho	ne:			
Email Address:				
scholarly capacity to expenses, honoraria, eceived in the prior and any outside activalstitution's procedules.	o annually disclose to academic prizes or oth academic year (July 1s ity performed, while no	his/her Department he ner things of value rela- st through June 30th). of acting in a scholarly equired by the State Et	ad any travel, subsisted to activities perform Any benefit received of capacity, must still be hics Commission. Ent	uires a State official serving in ence or entertainment med in a scholarly capacity related to your State position, e reported pursuant to your er "N/A" in any category in a academic year.
Benefits Received	d			
Travel, Subsiste	ence and Entertain	ment Expenses		
Date Received	Type of Benefit	Amount	Source	Interested Party*

Date Received	Type of Benefit	Amount	Source	Interested Party*

B. Honoraria, Academic Prizes or Other Things of Value

Date Received	Type of Benefit	Amount	Source	Interested Party*

*Indicate whether the source of the benefit is an interested party to your institution. "Interested party" means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.

1.	Do you assign educational	books or materials authored	ed by you as a course req	uirement?
	Yes	No		
2.	If answer to question 1 is y Yes	es, do you receive royalties	from those educational r	naterials?
3.	If answer to question 2 is ye	es, please complete and attac ur required donation of those		Donation
Т	o the best of my knowled	ge and belief the information	ion on this form is true	and accurate.
-	Signature	of Employee		Date
	l have r	eviewed the information c	contained on this form	
	i ilave i	eviewed the information c	ontained on this form.	
	Dean Signatur	re		Date
-	Ethics Liaison	Officer Signature	_	Date

C. Assigned Educational Texts or Materials



Scholarly Capacity Donation Certificate

In order to increase scholarly transparency and comply with the New Jersey Uniform Ethics Code, please complete the following questions regarding royalty donations:

1. If you answered **yes** to question C. 2 on the Annual College and University Disclosure Form, please detail the donation(s) in the following chart:

Name of Organization	Date of Donation	Amount of Donation	Manner of Donation (check, credit card, cash, etc.)
		\$	
		\$	
		\$	
		\$	
		\$	

. Please attach to this sheet or otherwise provide the Ethics Liaison Officer with a recei your donation.			
Printed name of Employee	Signature of Employee		