## Annual College and University Disclosure Form

Date of Statement:						
Academic Year July 1, Through June 30,						
First Name:						
Last Name:						
Institution: The College of New Jersey						
Department:						
Position:						
Daytime Telephone:						
Email Address: @tcnj.edu						

Instructions: This form must be submitted pursuant to N.J.A.C. 19:61-6.10(a), which requires a State official serving in a scholarly capacity to annually disclose to his/her Department head any travel, subsistence or entertainment expenses, honoraria, academic prizes or other things of value related to activities performed in a scholarly capacity received in the prior academic year (July 1st through June 30th). Any benefit received related to your State position, and any outside activity performed, while not acting in a scholarly capacity, must still be reported pursuant to your institution's procedures, and on the forms required by the State Ethics Commission. Enter "N/A" in any category in which you did not receive benefits while acting in scholarly capacity during the covered academic year.

### Benefits Received

### A. Travel, Subsistence and Entertainment Expenses

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.

#### C. Assigned Educational Texts or Materials

1. Do you assign educational books or materials authored by you as a course requirement?

Yes No

2. If answer to question 1 is yes, do you receive royalties from those educational materials?

Yes No

3. If answer to question 2 is yes, please complete and attach the Scholarly Capacity Donation Certificate, documenting your required donation of those royalties.

## To the best of my knowledge and belief the information on this form is true and accurate.

Signature of Employee

Date

I have reviewed the information contained on this form.

Dean Signature

Ethics Liaison Officer Signature

Date

Date



# **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.)
		\$	
		\$	
		\$	
		\$	
		\$	

2. Please attach to this sheet or otherwise provide the Ethics Liaison Officer with a receipt of your donation.

Printed name of Employee

Signature of Employee

Date